



### Application for Temporary Road Closure Permit

Group/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Closure/Event: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Detour and Route. Indicate all roads and road sections requesting permission to close. Attach map. \_\_\_\_\_

Explain traffic control measures to be taken. \_\_\_\_\_

Note: Applicant shall be responsible for all costs of closure (barricades, signage, delivery, set up). Should additional signing be required at the discretion of the municipality, county or law enforcement, the additional costs shall be the responsibility of the applicant, as will damage to any of the traffic control devices. The road closure shall be in strict conformance with requirements as noted.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Detour Authorization Approved: \_\_\_ yes \_\_\_ no

Law enforcement required: \_\_\_ yes \_\_\_ no

Traffic control devices required/additional requirements: \_\_\_\_\_

(To be ordered by Municipality from Door County Highway Department)

Delivery Date: \_\_\_\_\_ Estimated cost of control devices: \$\_\_\_\_\_.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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