


Temporary Road Closure Policy

	DEPARTMENT: Clerk	POLICY NUMBER: 005-18
	EFFECTIVE DATE: October 9, 2018	LEGISLATIVE AUTHORITY: Municipal Act, 2001
	APPROVED BY: RESOLUTION 2018-369	

PURPOSE

To support and facilitate advance planning for charitable special events, to protect public safety and manage risk to organizers, participants and the Township of Wellington North.

OBJECTIVE

- Provide logistical assistance to organizers of special events on municipal property, streets and roadways.
- Facilitate successful events and fundraising activities for charitable organizations, local service clubs and organizations.
- Ensure municipal interests are met and services required by event organizers are provided to assist with a successful event.
- Ensure municipal road closures are conducted safely, legally and in a manner to manage risk to all parties.

APPLICABILITY

Any temporary road closure required for a special event shall not be permitted without obtaining approval from the municipality.

SUBMISSION REQUIREMENTS

Requests shall be submitted no later than one month and no earlier than 3 months prior to the event.

Every request for a temporary road closure must be submitted individually for a specific date.

Requests shall be made by using the form attached hereto as Schedule A. Forms are also available at the municipal office or on the municipal website.

A Certificate of Insurance confirming insurance for your group, organization or association with Comprehensive General Liability coverage in the amount of \$2,000,000.00 naming The Township of Wellington North as an “additional insured” must be submitted with the application.

If applicants require special assistance from the roads departments (barricades, etc.) the request must be made at the time of the initial application.

A request shall not be processed for approval unless it is a complete submission.

On receipt of a complete application a notice of receipt will be issued to the applicant. This is a notice of receipt only, not an approval of the temporary road closure.

Permits and approvals are issued with no fee.

Fundraisers for private individuals/corporations will not be approved.

Applicants shall contact the Wellington County Ontario Provincial Police to make arrangements should police assistance be required at the event.

The municipality reserves the right to refuse an application and to impose on the event whatever restriction it deems appropriate in the circumstance.



SCHEDULE A

TEMPORARY ROAD CLOSURE APPLICATION

7490 Sideroad 7 W, PO Box 125, Kenilworth, ON N0G 2E0
 519-848-3620 or email: township@wellington-north.com

ORGANIZATION NAME				
1	Name of Organization:	Name of Individual acting on behalf of the Organization:	Telephone:	Mobile
	Address:		City/Town:	Province: ON
	Postal Code:	Email:	Fax:	Signature of Official _____ OR I have the authority to submit this application YES <input type="checkbox"/>
APPLICATION COMPLETE - NOTICE OF RECEIPT ISSUED TO APPLICANT (TO BE COMPLETED BY MUNICIPALITY)				
YES <input type="checkbox"/> DATE / / STAFF SIGNATURE _____				
DETAILS OF TEMPORARY ROAD CLOSURE (TO BE COMPLETED BY THE APPLICANT)				
2	Date of temporary closure / /			
	Estimated number of participants			
	Description of Road/Intersection to be temporarily closed Provide a diagram:			
REASON FOR REQUESTING A TEMPORARY ROAD CLOSURE (TO BE COMPLETED BY THE APPLICANT)				
3	Parade <input type="checkbox"/> Festival <input type="checkbox"/> Race/Run <input type="checkbox"/> Toll Booth <input type="checkbox"/> Other <input type="checkbox"/> Explain Other			
	If funds are being raised what is the proposed use of the funds			
SPECIAL REQUEST (TO BE COMPLETED BY THE APPLICANT)				
4	Required from the municipality:			
	Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Detour Signs <input type="checkbox"/> Other (specify)			

TRACKING (TO BE COMPLETED BY THE MUNICIPALITY)

DATE RECEIVED BY THE MUNICIPALITY / /

Method Email Fax In person Regular mail

DATE APPLICATION DEEMED COMPLETE

Form completed in full Certificate of insurance submitted Site plan submitted

DATE NOTICE APPROVAL OF TEMPORARY ROAD CLOSURE SENT TO ORGANIZATION / /

Method Email Fax In person Regular mail **NOTIFICATION (TO BE COMPLETED BY THE MUNICIPALITY)**

Date / /

Roads Dept Fire Dept Parks & Rec Water Dept OPP WNP GW Paramedics Other

Specify

APPROVAL

DD / MM / YYYY

Director of Operations

/ /

DALE CLARK, Roads
Superintendent

/ /

OTHER:

/ /