



Temporary Road Closure Policy

Department: Clerk
Policy Number: 005-18
Effective Date: October 9, 2018
Legislative Authority: Municipal Act, 200
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.



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"/>		
DETAILS OF TEMPORARY ROAD CLOSURE					
2	Date of temporary closure / /				
	Time of Closure from: to:				
	Description of Road/Intersection to be temporarily closed				
Drawing of road to be temporarily closed, or attach a map					
REASON FOR REQUESTING A TEMPORARY ROAD CLOSURE					
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				
POLICE REQUIREMENT					
4	The applicant understands that if police assistance is required at the event, the applicant shall contact the Wellington County Ontario Provincial Police to make arrangements. Yes <input type="checkbox"/>				

INSURANCE**5**

Insurance requirement/Documentation: Prior to approval of a temporary road closure, a Certificate of Insurance is required evidencing and confirming insurance for your group or association with Comprehensive General Liability coverage in the amount of \$2,000,000.00. The Township of Wellington North must be named as an "additional insured" on the Certificate of Insurance.

TRACKING (TO BE COMPLETED BY THE MUNICIPALITY)

DATE RECEIVED BY THE MUNICIPALITY / /

Method: Email ☐ Fax ☐ In person ☐ Regular mail ☐

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

Method: Email ☐ Fax ☐ In person ☐ Regular mail ☐

DATE CERTIFICATE OF INSURANCE RECEIVED / /

Method: Email ☐ Fax ☐ In person ☐ Regular mail ☐**NOTIFICATION OF APPLICATION (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

DALE CLARK, Manager of
Transportation Services

/ /

OTHER:

/ /