



# TEMPORARY ROAD CLOSURE APPLICATION

## SECTION 1: ROAD CLOSURE DETAILS

<b>Street to be closed</b>		<b>Location of Closure</b> (provide location either using intersecting streets or house numbers)						
	<b>Street Name</b>	<b>From</b>			<b>To</b>			
	<b>House Number</b>							
<b>Reason for Closure</b> (pick one)		<b>Type of Closure</b>		<b>Date and Time of Closure</b>				
1. <input type="checkbox"/> Construction / Maintenance 2. <input type="checkbox"/> City of Cold Lake Event 3. <input type="checkbox"/> Special Event* <small>*Requires prior approval of the Special Event permit</small>		1. <input type="checkbox"/> Full 2. <input type="checkbox"/> Partial		<b>Date</b>			<b>Time</b>	
		<b>Start</b>	MMM	DD	YYYY	HH	MM	AM PM
		<b>End</b>	MMM	DD	YYYY	HH	MM	AM PM
<b>Brief Description of Work/Event:</b>						<b>Traffic Accommodation Plan</b>		
						1. <input type="checkbox"/> Attached 2. <input type="checkbox"/> Drawn on page 2		

## SECTION 2: APPLICANT/SITE CONTACT INFORMATION

<b>APPLICANT INFORMATION</b>	<b>ON-SITE CONTACT</b> - Same as Applicant Information <input type="checkbox"/>
Name (First Name, Last Name):	Name (First Name, Last Name):
Business Name:	Business Name:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Email Address:	Email Address:

## SECTION 3: STATEMENT OF APPLICANT

The applicant shall be held financially responsible for any and all repair of damages, if it is determined by the City of Cold Lake that the cause of the damage was due to negligence on the part of the applicant, or one of their agents. By submitting the Temporary Road Closure Application, you are agreeing to the following:

- To indemnify and save harmless the City of Cold Lake from any and all liabilities, damages, costs, claims, suits or actions arising out of the event;
- To provide any bond or insurance which may be required;
- To be responsible for any and all costs to provide and maintain sufficient traffic control measures to ensure safety for the travelling public and participants; and
- To acquire appropriate permits, agreements and other regulatory approvals that may be required.

I, \_\_\_\_\_, hereby attest that I have read the directions on this form and have truthfully completed this form to the best of my ability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email ([legislative@coldlake.com](mailto:legislative@coldlake.com)) or phone (780) 594-4494 ext. 7915.

## SECTION 4: LOCATION DIAGRAM

Please use the space below to submit a drawing to scale of the location of the road closure. Alternatively, you may include with your application, a map indicating the location of the road closure or layout of the event.

Please submit the completed application by email [roadclosures@coldlake.com](mailto:roadclosures@coldlake.com), by mail, or in person at the address below, to the attention of:

**City of Cold Lake – Temporary Road Closure**  
 5513 48th Avenue, Cold Lake, Alberta T9M 1A1  
 Phone: 780-594-4494 Ext. 7972  
 Fax: 780-594-3480

### OFFICE USE ONLY

City Service Impacted		If <b>Yes</b> , is it resolved/addressed		Comments/Concerns	
Transit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<small>*(provide details in comments)</small>					
Received By:		Reviewed By:		Notification Sent By:	
Date Received:		Date Reviewed:		Date Sent:	
Comments/Conditions:					
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>		GM of Infrastructure Services:		Date:    MMM    DD    YYYY	

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email ([legislative@coldlake.com](mailto:legislative@coldlake.com)) or phone (780) 594-4494 ext. 7915.