



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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