



KINDERSLEY MUNICIPAL ENFORCEMENT

SCHEDULE "I"

APPLICATION FOR TEMPORARY ROAD / SIDEWALK CLOSURE PERMIT

Permit Fee: \$50.00 Permit No. _____

Road Closure Sidewalk Closure Road & Sidewalk Closure

Applicants Name: _____ Contact Name: _____

Mailing Address: _____

City/Town: _____ Province: _____

Telephone: _____ Fax: _____ Email: _____

Location of Proposed Closure:

Civic address or location _____

Lot _____ Block _____ Registered Plan _____

*Please highlight the exact location on the enclosed map.

Purpose: Infrastructure Repair Parade/Festival/Event Other: _____

Approximate Date/Time of Closure: _____

START Date/Time of Closure

END Date/Time of Closure

Please choose one of the following:

1. It is the Applicant's responsibility to call 306-463-2675 on the preceding day for a confirmation reminder to have the barricades delivered to proposed site closure.

OR

2. It is the Applicant's responsibility to pick up the barricades from 411-1st Avenue West on the last working day preceding the proposed closure and return the barricades after the proposed closure. Please show permit at time of arrival.

Applicant Name (PRINT) _____

Date (DD/MM/YYYY) _____

Signature of Applicant _____

To be completed by Administration:

Permission is hereby granted to the applicant for a Temporary Road / Sidewalk Closure Permit.

PERMIT VALID: From: _____ To: _____

EXACT LOCATION APPROVED: _____

Department Advised:	
<input type="checkbox"/>	RCMP
<input type="checkbox"/>	EMS
<input type="checkbox"/>	FIRE
<input type="checkbox"/>	Public Works
<input type="checkbox"/>	Bylaw
<input type="checkbox"/>	Other:

Date (DD/MM/YYYY) _____

Print Name _____

Signature _____