

SCHEDULE "A"

TEMPORARY ROAD CLOSURE APPLICATION FORM

Date of Application:	-
Applicant Name:	Primary Phone #:
Email Address:	Secondary Phone #:
Mailing Address:	
Purpose of Road Closure:	
Roads to be Closed:	
Attach detailed map (paper or email)	
Date(s) of Road Closure:	Time(s) of Road Closure:
indemnified against and be responsible by whomsoever made or brought again or property arising directly or indirectly any of the Town's streets. Applicant Signature:	
Office Use Only Department Approvals Fire Department Operation RCMP CAO	
Temporary Road Closure Permit Appro	
This permit application is appro	oved, meeting all requirements. 1 – 5 Day Permit 6 + Days Permit
This permit application is appro	oved with the following conditions:
This permit application is not a	pproved based on the following:
Annroval:	

TEMPORARY ROAD CLOSURE HELPFUL TIPS

- 1. Fill out the Application Form (Schedule A).
- 2. The Town of Edson Protective Services Department must receive an application as outlined below:
 - a. Events one day or less will require Protective Services approval and should be submitted three days prior to the event.
 - b. Events between two and five days will require CAO approval and should be submitted fourteen days prior to the event.
 - c. Events exceeding five days will require Council approval and should be submitted twenty-eight days prior to the event.
- 3. If the permit approval is not received by this time, please call 780-723-3178 to inquire.
- 4. Consideration must be given to the impact on pedestrians and vehicles/flow of traffic with respect to barricades including length of road closure. Applicants are encouraged to contact the Operations Department for assistance with barricades at 780-723-6461.

