

APPLICATION BY MUNICIPALITY FOR PERMISSION TO DETOUR WASHINGTON COUNTY TRUNK HIGHWAY TRAFFIC

(Revised 5/18/16)



APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Fax: () _____

Email: _____

THIS SECTION IS TO BE COMPLETED BY
THE HIGHWAY DEPARTMENT

PERMIT NUMBER:

*Select preferred method of contact upon
approval or denial (check one)

Mail

Fax

Email

DETOUR INFORMATION

Municipality: Town Village City of _____

County Trunk Highway to be closed: _____ Closure beginning point: _____ Closure ending point: _____

Date(s) of proposed detour: _____ Times of proposed detour: _____ to _____

Proposed temporary route:

Reason for detour: _____

Conditions:

1. The municipality shall accept full responsibility for the use of the local roads and streets on the temporary routing of the County Trunk Highway and it shall make no claim against the county by reason of their use, and shall indemnify the county, its agents, officers and employees, against any and all loss, damages and costs or expenses which the county may sustain, incur or be required to pay by reason of any person or persons suffering personal injury, death or property loss resulting from closure of the County Trunk Highway or from creation, use or maintenance of the detour.
2. The municipality shall minimize as practicable the duration of the closure of the County Trunk Highway, including providing for assembly and dispersal of parades in areas removed from the County Trunk Highway.
3. Applicant will erect, maintain, and remove all traffic control devices needed to affect the closure.
4. Acceptance of oversight approved by municipality.

Signature of Authorized Municipal Official

Title

Date

The above municipality hereby requests permission to close the marked route as described, during which time the municipality will provide a temporary route for county trunk highway traffic as designated in this application. The municipality agrees to and will abide by the conditions listed above, which is made by the undersigned municipal official under proper authority to act on behalf of the municipality represented above.

Signature of Applicant

Title (if applicable)

Date

THIS SECTION IS TO BE COMPLETED BY THE HIGHWAY DEPARTMENT

Permit Application Approved / Denied — Approved Denied If approved, expiration date of permit: _____

Special Provisions: _____

Signature of Authorized Representative

Title

Date