

TEMPORARY ROAD CLOSURE PERMIT

Permit #	#	-

TOWN OF COCHRANE
CIVIL LAND
DEVELOPMENT SERVICES

ADDRESS OF PROPOSED WORK AREA		PROPOSED START DATE (YYYY/MM/DD)			
PURPOSE OF APPLICATION		PROPOSED FINISH DATE (YYYY/MM/DD)			
		ADDI CANTIC DUCINICO NAME			
APPLICANT'S FIRST NAME	FIRST NAME APPLICANT'S LAST NAME		APPLICANT'S BUSINESS NAME		
APPLICANT'S BUSINESS ADDRESS		CITY / TOWN	PROVINCE	POSTAL CODE	
APPLICANT'S EMAIL ADDRESS TELEPHONE NUMBER		24 HOUR EMERGENCY CONTACT NAME AND NUMBER			
TOC BUSINESS LICENCE NUMBER	LINE ASSIGNMENT NUME	EER (if applicable)	DEVELOPMENT PERMIT NUMBER (if applicable)		
ONE CALL TICKET NO.	CONTRACTOR (if different from the Applicant)		PROJECT ENGINEER / DESIGNER (First / Last)		
HAVE YOU PREVIOUSLY RECEIVED A PERMIT FOR THIS PROJECT? YES PERMIT(S) #: NO		APPLICATION DATE (YYYY/MM/DD)			
BRIEF DESCRIPTION OF W	ORK:				
	•				
APPLICATIONS SHOULD IN			PPORTING ITEMS:		
SITE PLAN PROJECT SCHEDULE					
■ TRAFFIC CONTROL PLAN ■ PUBLIC NOTIFICATION LETTER					
PARKING PLAN	, ,,				
SAFETY PLAN	•	TRAFFIC MARSHALLING P	LAN (if applicable)		
I acknowledge that this is	an Application fo	or a Temporary Road Closu	re Permit. After the pro	posed work has been	
reviewed and the proposal found acceptable by the Town of Cochrane, this Permit may be issued. This Permit must					
be posted at the work site 24 hours a day. Failure to do so may result in a stoppage of work and a payment of					
penalty.					
ADDDOVING SIGN	ATURE (TOWN USE ONI	<u></u>	APPROVAL DATE (TO)	ANN LISE ONLY)	
APPROVING SIGN	ATONE (TOWN USE UNI	,	AFFROVAL DATE (TO)	WIN OOL ONE!	
APPLICA	NTS SIGNATURE		DATE YYYY/N	IM/DD	