

Temporary Street Closure Application Town of New Glasgow/Town of Trenton



Requires a minimum of 5 business days to process street closures.

Special Events will also require an application to Conduct a Special Event on Town Owned Streets

<u>Applicant Information</u>	
<i>Organization or Company Name</i>	
<i>First name</i>	
<i>Last name</i>	
<i>Email</i>	
<i>Business phone number</i>	
<i>Cell phone number</i>	
<i>24-hour emergency contact number</i>	

<u>Applicant Address</u>	
<i>Street number</i>	
<i>Street name</i>	
<i>Unit/Apt/Suite</i>	
<i>City</i>	
<i>Province</i>	
<i>Postal Code</i>	

<u>Street Closure Details Use Separate Sheet if Required</u>	
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<i>Project Description/Description of work</i>	
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<i>Street Closure Segment</i>	
<i>Street to be closed</i>	
<i>To Street</i>	
<i>From Street</i>	
<i>If additional streets use separate sheet</i>	

Date closure to begin (YYYY/MM/DD) _____/_____/_____ Time _____

End date (all items removed) YYYY/MM/DD _____/_____/_____ Time _____

<i>Justification/Reason for Closure</i>	
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Required Documentation

- Insurance for Street Closure and or special event. *(To be enclosed in application)*
- A detailed plan/sketch of the closure area. *(To be enclosed in application)*

Consent:

- I/We agree to abide by terms/conditions of Temporary Street Closure attached from Public Works and Traffic Authority.

I declare that the information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.

Applicant Signature: _____

Applicant Print Name _____

Date: (YYYY/MM/DD) _____/_____/_____

Completed Forms

Completed forms for should be submitted directly to the New Glasgow Regional Police Traffic Authority using one of the following methods: • Email at ken.macdonald@newglasgow.ca or In-person at New Glasgow Regional Police 225 Park Street New Glasgow Nova Scotia.

FOR OFFICE USE ONLY-Please do not write in this space.

Date/Time of Event

**Start - YYYY/MM/DD ____/__/__ _____HRS
Area**

**End - YYYY/MM/DD ____/__/__ _____HRS
Area**

Traffic Authority/Designate approving signature.

Approved- Yes No

Public Work Consulted

Application Returned to Applicant Yes No

Police Occurrence

_____

Notes for Applicant

Distribution:

- Chief of Police
 - Deputy Chief
 - Public Works
 - Fire Dept
 - Emergency HS- Fax (902) 832-0853
 - NGP Dispatch
 - Shift on Duty:
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