

Event Information:

Event Name: _____

Event Date: _____

Event Address/Location: _____

Expected Attendance: _____

Contact Information:

Name: _____

Contact phone: _____

Cell phone: _____

Email address: _____

Applicant Signature: _____

Traffic Management Plan: (required with application)

Please use this space to illustrate the road closure including the proposed detour route of your event. If you need additional space, please attach a separate sheet.

NOTE: The Traffic Management Plan, prepared by certified professionals, shall comply with applicable legislations and guidelines such as Ontario Traffic Plan.

For Internal Use Only: *(Section for Staff to complete)*

Date Received: _____ Permit Number: _____

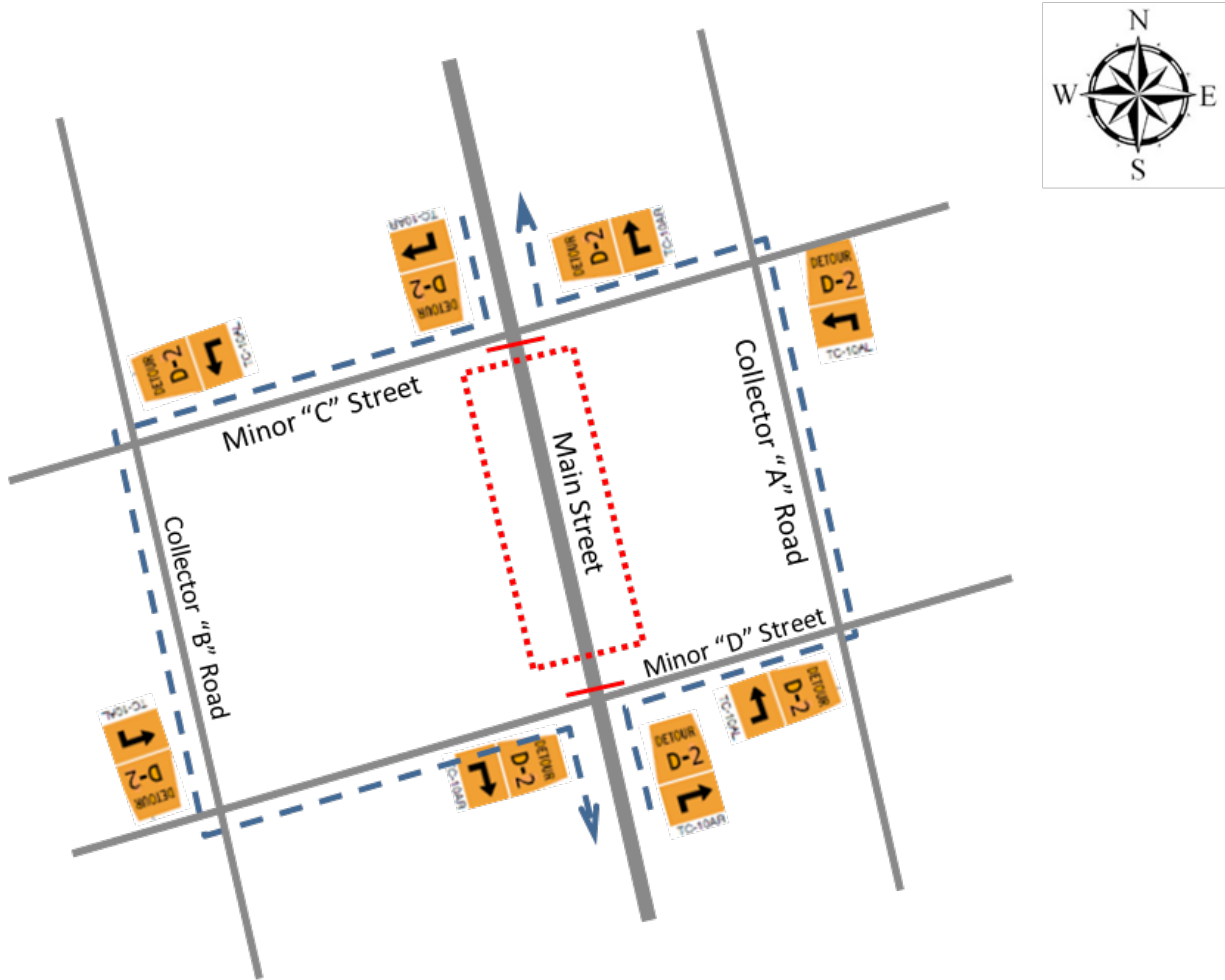
Approved By: _____ Staff Signature: _____


Copy of Documents on File: Festival & Event Application Contract(s)

Traffic Management Plan:


A typical illustration of a "Traffic Management Plan" is shown below:


Conceptual Traffic Management Plan "Detour Route Map"



 Road Closed Sign & Barricade (Paid Duty Officer at each closure)

 Event Area

 Detour Route Signing

 Traffic Detour Route