

Town of Strasbourg



FORM 2
BYLAW NO. 419/21
ROAD CLOSURE/PARADE PERMIT

APPLICATION FOR TEMPORARY ROAD / SIDEWALK CLOSURE PERMIT

☐ Road Closure ☐ Sidewalk Closure ☐ Road & Sidewalk Closure

Applicant Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Location of Proposed Closure:

Purpose: ☐ Infrastructure Repair ☐ Parade/Festival/Event ☐ Other: _____

Name of Event: _____

Approximate Date/Time of Closure: _____ to _____
START Date/Time of Closure END Date/Time of Closure

How many barricades are needed and what is the location of drop-off?

Date

Applicant Name (PRINT)

Signature of Applicant

To be completed by Administration:

Permission is hereby granted to the applicant for a Temporary Road / Sidewalk Closure Permit.

Council Approval Date & Resolution: _____

Permit Valid From: _____ To: _____

Exact Location Approved: _____

DATE

ADMINISTRATION SIGNATURE