



# Application for Road Use for Occupancy

60 East Main Street  
Welland, Ontario  
L3B 3X4

Fee:

Road:

Recreational Canal:

Both:

Application No:

Name/Location of Event or Work:

Sponsoring Organization:

Applicant Name:

Mailing Address:

Telephone (Residence):  Telephone (Business):  ext:

After Hours Contact Person:  After Hours Phone #:

Type of Event or Work:  Event/Work Desc.:

Location/Route:

No. of Participants:  Start Date of Event:  End Date:

Start Time:  Finish Time:

Region of Niagara Contact Representative:

Niagara Regional Police Dept. Representative:

### I/WE HEREBY AGREE TO THE FOLLOWING CONDITIONS:

- To save the Corporation of the City of Welland and the Regional Municipality of Niagara ( where applicable) harmless from any and all claims and/or damages arising out of this road closing and to provide any bond or insurance which may be required in this regard.
- To obtain approval from the Regional Municipality of Niagara for use of Regional Roads where applicable.
- To notify the Niagara Regional Police to outline the specifics of the event.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

### THIS SECTION BELOW TO BE COMPLETED BY CITY OF WELLAND

- Road Closing By-law Required
- Certificate of Public Liability Insurance Required
- Naming City of Welland as Additional Insured
- Naming City of Welland and Welland Recreational Canal Corporation as Additional Insured

### TRAFFIC CONTROL:

Traffic signing will be in accordance with BOOK 7 of the ONTARIO TRAFFIC MANUAL - TEMPORARY CONDITIONS. Access for Emergency Vehicles MUST BE maintained at all times. ROAD/LANE CLOSURE(S) IS NOT PERMITTED without prior written approval and submission of a road closure plan. Applicant MUST ADVISE all essential services in the event of an emergency road closure. Costs associated to road closure will be upon applicant.

Paid in Full:  Acct To be Charged:

Approved:  Denied  Approval/Denied Date:

**APPROVED**  
**CITY OF WELLAND**

DATE: \_\_\_\_\_

PER: \_\_\_\_\_