



APPLICATION TO CLOSE COUNTY ROAD

Boone County Highway Department
1955 Indianapolis Ave
Lebanon, IN 46052

PERMIT #: _____

Requested Road to be Closed: _____		
Between Roads: _____ and _____		
From Date: _____	Day of Week: Mon Tue Wed Thu Fri Sat Sun	Time: _____ AM PM
To Date: _____	Day of Week: Mon Tue Wed Thu Fri Sat Sun	Time: _____ AM PM
Applicant's Name		<u>Applicant's Status</u> (Must mark one) Individual Partnership Corporation Government Agency Religious / Other
Mailing Address		
City		
State	Zip Code	
Contact Person	Email	Phone #
Project Owner's Name (if different from applicant)	Email	Phone #
Project Owner's Address (if different from applicant)		Fax #
City	State	Zip Code
Name of Event / Reason for Road Closure		
Details of Traffic Control (Law Enforcement, Barricades, Signs, Detour Route, etc.) – Maps/Plans should accompany application		
<p>The undersigned certifies that they have the authority to make this application and bind Property Owner(s) and owner's heirs to its terms, that the above information is true and correct, and that work requested by this application will be in conformance with the laws of Boone County. I, and all persons performing the work authorized by this permit, have read, fully understand, and will abide by all requirements concerning the permit and construction requirements. The applicant and Property Owner agree and understand that Boone County's approval is limited to conveying its approval to install the approved traffic control devices only within its legal road right-of-ways. The applicant, the Property Owner of the traffic control devices being installed under this permit, and I understand that in the event Boone County determines that any of the traffic control devices installed under this permit need to be repaired or maintained, relocated, or removed from the right-of-way, that the Property Owner or owner of the traffic control devices agrees to maintain, relocate or remove these facilities in a timely manner at no cost to Boone County.</p>		
Signature		Date
Printed Name		Title
<u>This Permit is recommended for approval – Highway Department Use Only</u>		
As submitted		Subject to the attached conditions.
Subject to the changes noted on the plans.		Other _____
Inspector: _____		Date: _____
Director of Highways: _____		Date: _____
<u>Approved by the Boone County Board of Commissioners</u>		
President: _____	Auditor Attest: _____	
Member: _____		
Member: _____	Date Approved: _____	

PERMIT #: _____

List of Requirements for Road Closures and Lane Restrictions

1. All Applicants proposing to install road restrictions or closures must provide drawings of the traffic control setup and/or detours to Boone County Highway Department.
2. The anticipated schedule for lane closures or restrictions must be provided in order for this application to be considered complete.
3. It is the Applicant's responsibility to provide, install, and maintain proper traffic control devices, including One Lane Road, Road Closed, and Detour signs. The Boone County Highway Department is unable to lend equipment to private entities.
4. It is the Applicant's responsibility to have a flagger for traffic during a lane closure.
5. The Applicant must coordinate all closures with the Boone County Highway Department, Sheriff Dispatch, and all applicable School Transportation Agencies no less than 48 hours prior to closure **and** at the time a full road closure is installed.
6. The Applicant must contact the Boone County Highway Department, Sherriff Dispatch, and all applicable School Transportation Agencies immediately upon re-opening.

These conditions have been read and agreed to: _____

(Signature)

(Representing)