



**APPLICATION TO CLOSE COUNTY ROAD**

Boone County Highway Department  
1955 Indianapolis Ave  
Lebanon, IN 46052

**PERMIT #:** \_\_\_\_\_

<b>Requested Road to be Closed:</b> _____		
<b>Between Roads:</b> _____ <b>and</b> _____		
<b>From Date:</b> _____	<b>Day of Week:</b> <input type="radio"/> Mon <input type="radio"/> Tue <input type="radio"/> Wed <input type="radio"/> Thu <input type="radio"/> Fri <input type="radio"/> Sat <input type="radio"/> Sun	<b>Time:</b> _____ <input type="radio"/> AM <input type="radio"/> PM
<b>To Date:</b> _____	<b>Day of Week:</b> <input type="radio"/> Mon <input type="radio"/> Tue <input type="radio"/> Wed <input type="radio"/> Thu <input type="radio"/> Fri <input type="radio"/> Sat <input type="radio"/> Sun	<b>Time:</b> _____ <input type="radio"/> AM <input type="radio"/> PM
<b>Applicant's Name</b>		<b>Applicant's Status</b> (Must mark one) <ul style="list-style-type: none"> <li><input type="radio"/> Individual</li> <li><input type="radio"/> Partnership</li> <li><input type="radio"/> Corporation</li> <li><input type="radio"/> Government Agency</li> <li><input type="radio"/> Religious / Other</li> </ul>
<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	
<b>Contact Person</b>		<b>Email</b>
		<b>Phone #</b>
<b>Project Owner's Name (if different from applicant)</b>		<b>Email</b>
		<b>Phone #</b>
<b>Project Owner's Address (if different from applicant)</b>		<b>Fax #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Name of Event / Reason for Road Closure</b>		
<b>Details of Traffic Control (Law Enforcement, Barricades, Signs, Detour Route, etc.) – Maps/Plans should accompany application</b>		
<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>		
<b>Signature</b>		<b>Date</b>
<b>Printed Name</b>		<b>Title</b>
<b><u>This Permit is recommended for approval – Highway Department Use Only</u></b>		
<input type="checkbox"/> As submitted		<input type="checkbox"/> Subject to the attached conditions.
<input type="checkbox"/> Subject to the changes noted on the plans.		<input type="checkbox"/> Other _____
<b>Inspector:</b> _____		<b>Date:</b> _____
<b>Boone County Highway Representative:</b> _____		<b>Date:</b> _____

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)