



TOWN OF PERRYVILLE
APPLICATION FOR PERMIT
TEMPORARY LANE CLOSURES

Project Name: _____ Date of Application: _____

Applicant Contact Information

Name: _____

Address: _____

Phone: _____ email: _____

On-site Emergency Contact Name & Phone: _____

Event Information

Affected Road(s): _____

Closure Limits: From: _____ To: _____

Effective Date: _____

Time: From: _____ To: _____

IMPORTANT: Please attached route closure map

Applicant Signature: _____ Date: _____

I agree to abide by the terms and conditions on the reverse of this permit.

**This permit is valid only for Town of Perryville roads and sidewalks.
Permit not valid until signed by Town Administrator.**

**If the event is on State Highway Roads a permit from the State Highway
Administration is required. Please provide a signed copy prior to your
event.**

Terms and Conditions for Temporary Lane Closure Permit:

Applicant is required to notify appropriate public agencies (fire, medical, public safety, schools, transit, post office, etc.)

For Office Use Only:

Special Comments / Requirements (initial if none):

Police Dept: _____

Public Works Dept.: _____

Administrative Dept.: _____

Conflicting Events: _____

Town Administrator Authorization: _____