



MUNICIPAL OPERATIONS DEPARTMENT

The Corporation of the Town of Cochrane

Street Events

92 Second Street, Box 490

Cochrane, Ontario P0L 1C0

Phone: 705-272-5086 FAX: 705-272-3583

Application for a Temporary Street Closing

Name of Organization: _____ Contact Person: _____

Address: _____ Postal Code: _____

Phone No: _____ Cell No: _____

Fax No: _____ Email Address: _____

Street(s) to be closed: _____

From: _____ To: _____

Road Closure Date: _____ Road Closure Start and Finish Time: _____

Event Date: _____ Event Start and Finish Time: _____

Purpose of the Closure: _____ Anticipated Attendance: _____

(Please provide details of the event)

Applications must be submitted at least four weeks prior to the date of the event.

In connection with this application for a temporary street closure, I hereby certify that:

1. No charge will be made for admission to any part of the portion(s) of the public right of way covered by this application;
2. If alcoholic beverages are sold or consumed within the portion(s) of the public right of way covered by this application, approval must be received from Town Council and the Liquor Licensing Board of Ontario; and
3. **The provisions and conditions of the Noise By-Law #2534-90 will be complied with.**

Applicant's Signature: _____ Date: _____

3. Complete the following information and consultation:

Agency	Name of Contact	Approval Date	Concerns
Operations Dept Barricades pick-up?			
Fire Dept			
By-Law Dept			
Ambulance			
OPP			
Other			
Area Businesses:			
MTO			
Council			

Please send a copy of the Permit Checklist to each of the Agencies listed to their email address as confirmation and for their record-keeping.