

**APPLICATION FOR PERMISSION TO DETOUR
CONNECTING STATE TRUNK HIGHWAY TRAFFIC**



TO: Village of Little Chute – Public Works Department

Requestor		Address	
(Area Code) Telephone Number		Email Address	
Name of Street(s) to be Closed		Streets Closed Between (Street Name) FROM: TO:	
Proposed Temporary Route			
<input type="checkbox"/> MAP ATTACHED	Date and Duration of Detour Date:		Time: a.m. to a.m.
Reason			
Name and Address to Whom Permit will be Returned			

The above requestor requests permission to close the marked route as described, during which time the requestor will provide temporary route as designated.

The requestor agrees to accept the following terms and conditions:

1. The requestor shall provide a detour having structural, geometric and traffic control characteristics, which are acceptable to the Village. A detour map which provides street names shall be submitted.
2. The requestor shall furnish, erect and remove signs and markers at their sole expense.
3. A Detour and Traffic Control Plan shall be submitted to the Village for approval.
4. The requestor shall agree to minimize, as much as practicable, the duration of closure.
5. The requestor agrees to hold harmless, indemnify, and defend the Village for damage to local roads and streets, and from claims resulting from personal injury and/or property damage, resulting from closure and/or detour.
6. The requestor shall arrange for adequate traffic control from either WisDOT, traffic control contractor, or the appropriate County (approved by the Village), and provide documentation of enforcement coordination.
7. The requestor shall notify all media, emergency services and schools, five (5) days prior to the detour.
8. Additional conditions: . Attachments: ☐ Yes ☐ No

(Authorized Official Signature)

(Title)

(Date)

Permission is granted to temporarily close the designated segment of state trunk highway and to provide a detour, subject to the stated conditions.

(Permit Number)

(Approved By)

(Date)