



TOWN OF WALLINGFORD

Department of Engineering

45 South Main Street

Wallingford, CT 06492

Tel: (203)294-2035 Fax: (203)284-4012

ROAD CLOSURE / DETOUR PERMIT APPLICATION FORM

Proposed Road to Be Closed _____

Between: _____ And: _____

Purpose of Proposed Closure: _____

Applicant _____

Address _____ Telephone # _____

24-Hour Emergency Contact Name _____

24-Hour Emergency Telephone # _____

Approximate Dates of Closure: _____

Anticipated Hours of Closure: _____

Proposed Detour Route (attach map with proposed detour signage)

Will sidewalks remain open? (circle one): Yes No N/A

If not, provide pedestrian detour route (attach map)

Notes:

- 1) Application for permit should be made at least (3) working days prior to the start date of any proposed closures. Permit will be approved by Town Engineer and Chief of Police.
- 2) Any proposed excavation in the Town right-of-way will require issuance of a separate Excavation Permit from the Engineering Department.

Applicant's Signature _____ Date _____