



Village of Fox Crossings

Road Closure Permit Application

Please fill out the following information and return to the Street Department by either mailing it to 2000 Municipal Dr. Neenah, WI 54956 or emailing it to streets@foxcrossingwi.gov. Please be sure that this form is to the street department **at least 3 days** prior to the closure to ensure we can get information to the public if needed.

Applicant/Business Name

Contact Person

Email

Phone Number

Address

City/State

Type of Closure: (check one) Lane Road Parking Lane

Location of Closure: _____

Description of Closure: _____

On the Following Dates: _____

Timeframe of Closure: _____

Please read the following provisions that must be followed once permit is approved. By signing below you are agreeing to follow these provisions.

1. Permit must be sent 3 or more days prior to road closure.
2. Must submit along with this application a detour route or traffic plan.
3. Applicant must understand that you are responsible for maintaining the worksite by providing your own signs, cones, barricades. Etc.
4. The Street and sidewalks will be cleared of all debris resulting from your project.
5. To notify the Fox Crossings Street Department of any changes in date or time of closure.

Applicant Signature

Applicant Company and Title

Date

Office Use Only

Approved

Denied

Notified the following: Police Department, Fire Department, Kobussen Busing, City Bussing

Streets Superintendent

Date