LYON COUNTY, MINNESOTA
PERMIT FOR TEMPORARY ROAD CLOSURE

NAME OF APPLICANT:______________________________________________________________

ADDRESS:________________________________________________________________________

CONTACT PERSON:______________________________________ PHONE____________________

TIME AND DATE OF CLOSURE:_________________________________________________________

LOCATION:  FROM____________________________________________________________________

TO ______________________________________________________________________

EVENT OCCURRING:___________________________________________________________________

It is the responsibility of the Applicant to install and maintain the appropriate traffic control devices during the closure period. Traffic control devices shall be in conformance with the MN Manual on Uniform Traffic Control Devices, MUTCD.

The Applicant is required to notify emergency personnel; law enforcement, ambulance services, fire departments and others who may be affected by the closure.

_____________________________________________  Date_________________________
Lyon County Engineer

Date          Signature of Applicant

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Application Approved________________________    Application Denied________________________

Special Provisions:_____________________________________________________________________

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_____________________________________________________________________________________

_____________________________________________  Date_________________________
Lyon County Engineer