

BECKER COUNTY HIGHWAY DEPARTMENT  
200 East State Street  
Detroit Lakes, MN 56501  
Office: 218-847-4463  
Shop: 218-847-7516  
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BECKER COUNTY HIGHWAY DEPARTMENT  
APPLICATION FOR TEMPORARY ROAD CLOSURE PERMIT  
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Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Group/Municipality \_\_\_\_\_

Road to be Closed:

C.S.A.H.  Co. Rd  Partial Closure  Complete Closure

Date of Closure \_\_\_\_\_ Hours of Closure: From \_\_\_\_\_ To \_\_\_\_\_

Location of Closure \_\_\_\_\_  
\_\_\_\_\_

Purpose \_\_\_\_\_  
\_\_\_\_\_

Detour (attach map) \_\_\_\_\_  
\_\_\_\_\_

Detour Road Authority (attach authorization) \_\_\_\_\_

I, We, the undersigned, herewith make application for a Temporary Road Closure Permit of above stated road, at the above stated location, date and time duration. It is agreed that the traffic control devices required shall be in accordance with the current edition of the Minnesota Manual of Uniform Traffic Control Devices and the Becker County Department of Highways. It is further agreed that the traffic control devices are to be maintained and removed by Becker County Forces with, all labor and equipment charges to be the responsibility of the applicant. It is still further agreed that should additional signing be required, at the discretion of Becker County DOH or law enforcement officials, the additional costs shall be the responsibility of the applicant, as will damage to any of the traffic control devices.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Traffic Control Devices by: Becker DOH\_\_\_\_\_ Other\_\_\_\_\_

Notification from Law Enforcement Unit\_\_\_\_\_ Date\_\_\_\_\_

Law Enforcement Participation: Yes\_\_\_\_\_ No\_\_\_\_\_

Notification from Law Enforcement Unit\_\_\_\_\_ Date\_\_\_\_\_

Estimated Traffic Control Costs:\_\_\_\_\_ Estimated By\_\_\_\_\_

Amount of Deposit Received\_\_\_\_\_ Check No.\_\_\_\_\_

Deposit Made By\_\_\_\_\_

Permission is hereby granted for the Temporary Road Closure. The road closure shall be in strict conformance with requirements as noted and attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature