Temporary Road Closure Application

Temporary Road Closures Application

Requirements & Guidelines

1. The Applicant understands and agrees that there is a $305.97 fee + HST $39.78 = $345.75 for processing the application and it may be revoked or cancelled at any time with or without cause and that in the event of such revocation or cancellation, there will be no claim or right to damages, or reimbursement on account of any loss, damage, or expense whatsoever.

2. The Applicant shall protect, indemnify and save harmless the City, its servants and agents in respect of all claims for damage, loss or injury, whether caused by the negligence of the City, its servants and agents or otherwise, arising out of or during the use of any of the facilities under any application.

3. The Applicant shall be responsible for personal injury or damage, or for the loss or theft of any articles of clothing or equipment of the applicant or organization, or anyone attending on the invitation of such applicant or organization.

4. The Applicant must pay for all damage to City property however caused, arising out of or during the use of the facilities under this application.

5. The Applicant agrees to take out sufficient Public Liability Property Damage Insurance in the amount of $5,000,000.00 to cover all risks. The policy shall be in a form and in an amount satisfactory to the City of Kingston, and shall be kept in full force during the period of the proposed road closure. The City of Kingston shall be named as a party insured on the policy and the applicant shall provide the City of Kingston with proof of insurance.

6. For special event road closures, signs must be installed at the point of closure. See Example 1 for typical set-up for special events. It is the responsibility of the applicant for the supply and placement of traffic control devices ie. barricades, barrels, signage etc. for the street closure. A traffic control plan is to be submitted with the application for review.

7. All signage for construction-related road closures must adhere to the Ontario Traffic Manual (OTM) Book 7. Construction-related road closures will also require that a Traffic Control Plan be submitted to Chris Sleeth, Public Works Supervisor at csleeth@cityofkingston.ca for review and approval.

8. Sidewalks must remain open to the public throughout the closure except for safety-related reasons. If a sidewalk closure is required, the applicant must identify and discuss with City of Kingston staff and include the sidewalk closure in the traffic control plan.

9. The Transportation Services Department shall notify the Fire, Police, Ambulance, Operations Department and Utilities Kingston of the road closure.

10. If the Applicant is requesting permission to erect a tent or tarp, there will be NO STAKING on any City asphalt or concrete surfaces.

11. Location for placement of portable toilets must have prior City approval.
12. The Applicant agrees to obey all statutory requirements, municipal Bylaws and to acquire all necessary licenses and to provide copies of such licenses to the Traffic Technologist.

13. If the road closure has any impact on area Businesses or Residents, they must be notified by the Applicant and local traffic must be permitted.

14. The Application may be subject to event/site specific conditions at the discretion of the City of Kingston.

The Applicant agrees that they have familiarized themselves with the Requirements and Guidelines for Road Closures and agrees to comply with all of the conditions.

Applicant’s Signature: ________________________________
Applicant Information

Business Name: ________________________________________________
Charitable Organization: _________________________________________
Applicant’s Name: __________________________ Phone Number: __________
Mailing Address: ______________________________________________

Road Closure Information

Streets Affected: ______________________________________________
From: ____________________________ To: __________________________
Dates Requested From: __________________________ To: ____________
Times Affected From: __________________________ To: ____________
Parties Assisting in Traffic Control: ______________________________
Are Tents Required: Yes ☐ No ☐ Number: ______

Purpose of the Temporary Road Closure: __________________________________
_____________________________________________________________
_____________________________________________________________

Special Conditions: ______________________________________________
Public Liability Damage Insurance Certificate enclosed Yes ☐ No ☐

Applicant’s Signature: ________________________________

Conditions:

• The Applicant agrees that they have familiarized themselves with the Requirements and Guidelines for Road Closures and agrees to comply with all of the conditions.
• All Street closure applications must be submitted to the Engineering Division 8 weeks prior to the street closure. Failing to do so may prohibit the street from being closed.

Craig Hollingsworth
Transportation Services Department
Traffic Technologist
Phone: 613-546-4291, extension 3141
Email: chollingsworth@cityofkingston.ca
Mail: 216 Ontario Street, Kingston, ON K7L 2Z3
CERTIFICATE OF INSURANCE
The Corporation of the City of Kingston

This is to certify that the insured named below is insured as described below.

NOTE: ORIGINAL CERTIFICATES SIGNED BY YOUR INSURER OR INSURANCE BROKER ONLY WILL BE ACCEPTED

<table>
<thead>
<tr>
<th>Name of Insured</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Name (of Insured)</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Insurer’s Name</th>
<th>Policy Number</th>
<th>Effective Date</th>
<th>Expiry Date</th>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial general liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbrella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Motor Vehicle Liability – as per list of vehicles on file with insurer

Commerical General Liability – Occurrence Basis, Including Personal Injury, Property Damage Broad Form Property Damage, Contractual Liability, Non-Owned Automobile Liability, Owner’s and Contractor’s Protective Coverage, Products – Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.

Tenants Legal Liability □ No OR □ Yes... (limit) □□□□ Liquor Liability □ No OR □ Yes

AMOUNT OF DEDUCTIBLE (property damage and/or bodily injury) $□□□□

THE CORPORATION OF THE CITY OF KINGSTON, Kingston-Frontenac Library Board, the Kingston Police Services Board, Kingston Hydro Corporation, 1425445 Ontario Ltd. (Utilities Kingston) and 1425447 Ontario Ltd. have been added as ADDITIONAL INSUREDs (not as additional named insured), but only with respect to their interest in the operations of the Named Insured and in respect to commercial general liability and umbrella/excess.

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the Insured named above and are in force at this time. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

If cancelled or changed in any manner that would affect the City of Kingston as outlined in coverage specified herein for any reason so as to affect this certificate, thirty (30) days prior written notice by registered mail or facsimile transmission will be given by the insurer(s) to:

The Corporation of the City of Kingston
Attn: Marjorie Robinson
216 Ontario Street
Kingston, ON K7L 2Z3 FAX: (613) 546-6156

Date YR. MO. DAY | Name of Insurance Company or Broker (completing form)
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Name (Insurer or Insurance Broker)</td>
<td>City</td>
</tr>
<tr>
<td>Name of Authorized Representative or Official (please print)</td>
<td>Telephone Number</td>
</tr>
<tr>
<td></td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

Signature of Authorized Representative or Official