



## APPLICATION TO CLOSE or RESTRICT COUNTY ROAD

PERMIT #: \_\_\_\_\_

(Assigned by WCHD)

Wells County Highway Department  
828 E 200 S, Bluffton, IN 46714  
P: 260-824-6430  
chengineer@wellscounty.org

Requested Road to be Closed/Restricted: \_\_\_\_\_

Between Roads: \_\_\_\_\_ and \_\_\_\_\_

From Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Mon Tue Wed Thu Fri Sat Sun Time: \_\_\_\_\_ AM PM

To Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Mon Tue Wed Thu Fri Sat Sun Time: \_\_\_\_\_ AM PM

Applicant's Name			<b>Applicant's Status</b> (Must mark one)  Individual Partnership Corporation Government Agency Religious / Other	
Mailing Address				
City				
Contact Person		Email	Phone #	
Project Owner's Name (if different from applicant)		Email	Phone #	
Project Owner's Address (if different from applicant)		Fax #		
City		State		Zip Code

Name of Event / Reason for Road Closure

Details of Traffic Control (Law Enforcement, Barricades, Signs, Detour Route, etc.) – Maps/Plans should accompany application

The undersigned certifies that they have the authority to make this application and bind Property Owner(s) and owner's heirs to its terms, that the above information is true and correct, and that work requested by this application will be in conformance with the laws of Wells County. I, and all persons performing the work authorized by this permit, have read, fully understand, and will abide by all requirements concerning the permit and construction requirements. The applicant and Property Owner agree and understand that Wells County's approval is limited to conveying its approval to install the approved traffic control devices only within its legal road right-of-ways. The applicant, the Property Owner of the traffic control devices being installed under this permit, and I understand that in the event Wells County determines that any of the traffic control devices installed under this permit need to be repaired or maintained, relocated, or removed from the right-of-way, that the Property Owner or owner of the traffic control devices agrees to maintain, relocate or remove these facilities in a timely manner at no cost to Wells County.

Signature		Date
Printed Name		Title

### This Permit is recommended for approval – Highway Department Use Only

As submitted

Subject to the attached conditions.

Subject to the changes noted on the plans.

Other \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

County Engineer: \_\_\_\_\_

Date: \_\_\_\_\_

### Approved by the Wells County Board of Commissioners

President: \_\_\_\_\_

Auditor Attest: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_  
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**List of Requirements for Road Closures and Lane Restrictions**

1. All Applicants proposing to install road restrictions or closures must provide drawings of the traffic control setup and/or detours to Wells County Highway Department.
2. The anticipated schedule for lane closures or restrictions must be provided in order for this application to be considered complete.
3. It is the Applicant's responsibility to provide, install, and maintain proper traffic control devices, including One Lane Road, Road Closed, and Detour signs. The Wells County Highway Department is unable to lend equipment to private entities.
4. It is the Applicant's responsibility to have a flagger for traffic during a lane closure.
5. The Applicant must coordinate all closures with the Wells County Highway Department, Sheriff Dispatch, and all applicable School Transportation Agencies no less than 48 hours prior to closure and at the time a full road closure is installed.
6. The Applicant must contact the Wells County Highway Department, Sheriff Dispatch, and all applicable School Transportation Agencies immediately upon re-opening.

These conditions have been read and agreed to: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Representing)