

**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

Signature of Applicant

Application Approved _____ Application Denied _____

Special Provisions: _____

Lyon County Engineer

Date _____