

Permit No. _____

\$500.00

Flathead County Road Closure Permit

Please Remit Form to: Flathead County Road & Bridge Department, 1249 Willow Glen Drive, Kalispell, MT 59901

Applicant Information	
Name:	_____
Contracting Company:	_____
Address:	_____
Telephone:	_____
Mobile Phone:	_____
Emergency Contact Person:	_____
Emergency Contact Phone:	_____
<p>If this request is granted by Flathead County, the Applicant/Contractor agrees to comply with all requirements. The applicant, on its own behalf and on behalf of its officers, agents, and employees, waives the right to bring any claim against Flathead County and its officers, agents, and employees for any matter arising out of or in any way connected with the Road Closure, including claims based on the alleged negligence of the County or its officer agents, or employees. The applicant further agrees to indemnify and save harmless Flathead County, its officers, agents, and employees from and against all claims of any nature, including negligence, arising out of or in any way connected with the Road Closure.</p>	
<p>Please Sign Below stating that you have read and agree to the terms listed above.</p>	
Signature	_____
Date	_____

Street Closure Information	
<p>Is This An <u>Emergency</u> Closure <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Road Name:	_____
Specific Address:	_____
<p>Number of Lanes to be Closed: <input type="checkbox"/> <u>ALL</u> Lanes Both Directions <input type="checkbox"/> One Lane Specify Direction: _____ <input type="checkbox"/> Other: _____</p>	
<p>Will the road be passable for regular traffic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Hours Only: _____</p>	
<p>Will the road be passable for emergency vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Hours Only: _____</p>	
Length of Closure:	_____ ft / mi. +/-
Reason for Road Closure:	_____
From Date:	_____ Time: _____
To Date:	_____ Time: _____
<p>* Construction closures require a traffic control plan pursuant with the Montana Manual on Uniform Traffic Control Devices.</p>	

Applicant is required to obtain signatures from the agencies listed below:

_____ Additional Pages Attached

Fire Department: _____
Highway Patrol: _____
Sheriff's Office: _____
School District: _____

Date: _____ Fire District _____
Date: _____
Date: _____
Date: _____ School District # _____

Recommend:		Action Taken:	
<input type="checkbox"/> Approval	<input type="checkbox"/> Denial	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	_____	_____	_____
Road Dept Representative	Date	Flathead County Commissioner - Chairman	Date

OFFICE USE ONLY	
Completed Application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Map/Traffic Control/Detour Route/Signing	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Amount
Fees Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Check Number
Are conditions of approval in compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Receipt Number
If No, Explain: _____	
Conditions of Approval Signed and Dated:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permit No.

\$500.00
Application Fee

CONDITIONS OF APPROVAL

Required Documentation that **MUST BE** submitted with permit **PRIOR TO APPROVAL**:

Signing Schedule and List

Map of exact location of Road Closure

Traffic Detour Plan

- 01. Applicant shall contact the Flathead County Road Department a minimum of three weeks prior to the road closure.
- 02. Applicant shall be responsible to properly close the lane/road according to the Montana Manual on Uniform Traffic Control Devices
- 03. Applicant shall be responsible to provide all necessary traffic control.
- 04. Applicant shall be responsible to notify all emergency services, media, and others of impending closure.
- 05. Applicant shall provide the Department with appropriate map(s), traffic control sketches, detour route and proposed signing
- 06. Applicant shall post the road closure on the road to be closed at least one (1) week prior to said road being closed to notify motoring public
- 07. Applicant is responsible for dust control on the proposed road being closed, **AND** detour route.
- 08. Applicant is responsible for any resulting clean up of the road being closed, **AND** detour route.
- 09. Applicant is responsible to contact the following media agencies with road closure information for broadcast.

Fax Numbers are provided for your convenience.

___ KALS	752-3416	___ Daily Interlake	752-6144
___ KOFI	752-5078	___ KCFW	752-8002
___ KEGZ	257-0459	___ KAJ - 18	756-5889
___ KJJR/KDBR	755-8770		

- 10. Failure to comply with these conditions could result in the approval being withdrawn without notice, and denial of future applications.
- 11. Applicant shall attach a plan for land owner access to their properties.
- 12. Proof of General Liability Insurance with minimum limits of \$1,000,000 per occurrence with Flathead County listed as an Additional Insured for Non-Bonded Events (ie. Community Events).

The undersigned, the "PERMITTEE" mentioned in the foregoing instrument, hereby accepts this permit, together with all the terms and conditions set forth there in.

Dated this _____ day of _____, 20____

(PERMITTEE)

(PERMITTEE)