



Event Traffic Management Plan

Event Information:

Event Name:

Event Date:

Event Address/Location:

Expected Attendance:

Contact Information:

Name:

Contact phone:

Cell phone:

Email address:

Applicant Signature:

Traffic Management Plan: (required with application)

Please use this space to illustrate the road closure including the proposed detour route of your event. If you need additional space, please attach a separate sheet.

NOTE: The Traffic Management Plan, prepared by certified professionals, shall comply with applicable legislations and guidelines such as Ontario Traffic Plan.

For Internal Use Only: (Section for Staff to complete)

Date Received: _____ Permit Number: _____

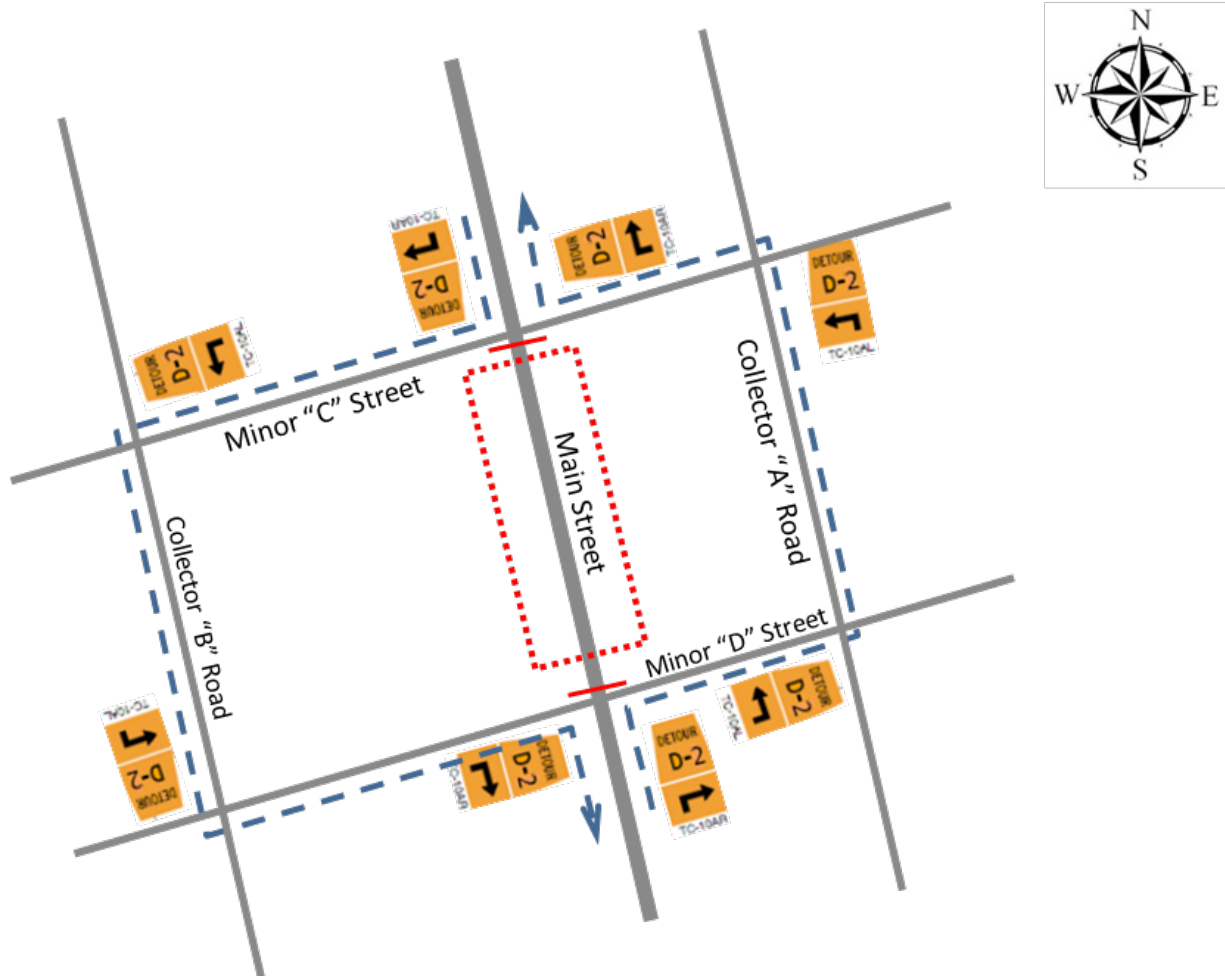
Approved By: _____ Staff Signature: _____


Copy of Documents on File: ☐ Festival & Event Application ☐ Contract(s)

Traffic Management Plan:

A typical illustration of a "Traffic Management Plan" is shown below:

Conceptual Traffic Management Plan "Detour Route Map"



 Road Closed Sign & Barricade (Paid Duty Officer at each closure)

 Event Area



Detour Route Signing



Traffic Detour Route