

## APPLICATION FOR TEMPORARY CLOSING/SPECIAL USE OF COUNTY ROAD PERMIT

### Procedures

Prior to temporary closure or special use of a County road for a community and/or special event, the County Engineer or his designee must determine whether a temporary closing of the road is necessary. The special use and/or temporary closing of County roads for the purpose of community and/or special events, not related to construction, reconstruction, maintenance or emergency purposes, may be accomplished as follows:

#### STEP 1

The following items must be submitted to the County Engineer requesting a Temporary Closing/Special Use of County Road. All items are required before an application may be deemed complete.

1. Application (Request for Temporary Closing/Special Use of County Road (Form Attached).
  - (a) Must be submitted at least twenty-five (25) calendar days prior to the event or as required by the Special Event Permit.
  - (b) A completed State of Florida Department of Transportation Application for Temporary Closing/Special Use of State Road Application, along with supporting documents shall be acceptable.
2. Location map with the specific road(s) to be closed highlighted and any detours outlined indicating the temporary detours to be utilized by the public; showing the placement of appropriate signs; stationing of any officers or flagmen; and locations of barricades and cones necessary to detour the traffic in a safe and efficient manner.
3. A request form for traffic control devices from the Traffic Operations Department, if applicable. The applicant shall
  - (a) Schedule a day and time to pick up the traffic control devices needed for the closure from our Traffic Operations Department, located at 4330 George Boulevard, Sebring, FL, Monday through Thursday, between the hours of 8:00 AM to 4:00 PM.
  - (b) Place the traffic control devices in the appropriate locations at the time indicated on the approved application.
  - (c) Return the traffic control devices to the Traffic Operations Department on the next business day after the event is held.
  - (d) Special handling charges may apply; an estimate shall be provided to the applicant in advance.

#### STEP 2

1. Prior to authorizing the temporary closing/special use of County roads, the County Engineer or his designee shall review the proposed detour route to ensure that traffic volume will be handled and routed safely and efficiently.
2. The County will route the application to the Local Law Enforcement Agency having primary jurisdiction for their review. The Local Law Enforcement Agency shall have five (5) business days to review and submit any comments to the County Engineer's office.
3. The County will route the application to the appropriate governmental entity, if applicable. The governmental entity shall have five (5) business days to review and submit any comments to the County Engineer's office.

#### STEP 3

The County will return a copy of the application indicating approval or disapproval to the submitting applicant.

#### STEP 4

Upon approval of the Request for Temporary Closing/Special Use of County Road, the County shall notify all of the appropriate Agencies and County Departments of the upcoming temporary road closure. The approved application will be sent out by fax, or other approved method, with confirmation of such kept with the approved application in the Highlands County Engineering Department.

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS  
**APPLICATION FOR TEMPORARY CLOSING/SPECIAL USE OF COUNTY ROAD PERMIT**

Instructions:

1. This form must be submitted to the Highlands County Engineering Department to obtain written approval. Allow 25 calendar days for the review.
2. Attach any necessary maps or supporting documents.

NAME OF ORGANIZATION			DATE	
ADDRESS OF ORGANIZATION			TELEPHONE NUMBER	
			EMAIL ADDRESS	
TITLE/PURPOSE OF EVENT				
DATE OF EVENT	STARTING TIME OF EVENT	DURATION OF EVENT (APPROX.)	ACTUAL CLOSING TIME (INCLUDING SETTING UP BARRIERS, ETC.)	ACTUAL OPENING TIME (INCLUDING TAKING DOWN BARRIERS, ETC.)
PROPOSED ROUTE OF TEMPORARY CLOSURE (INCLUDE COUNTY ROAD NAME OR NUMBER, BEGINNING OF CLOSURE, END OF CLOSURE, ETC. – ATTACH ANY ADDITIONAL INFORMATION INCLUDING MAPS WITH THE LOCATIONS OF TRAFFIC CONTROL DEVICES) <b>COUNTY ROAD NAME OR NUMBER (FROM):</b> <span style="float: right;"><b>COUNTY ROAD NAME OR NUMBER (TO):</b></span>				
DETOUR ROUTE (INCLUDE ALTERNATE ROUTES – ATTACH ANY ADDITIONAL INFORMATION INCLUDING MAPS WITH THE LOCATIONS OF TRAFFIC CONTROL DEVICES)				
NAME OF RESPONSIBLE PARTY FOR TRAFFIC CONTROL, ETC. (CITY POLICE, SHERIFF'S DEPT., FLORIDA HWY. PATROL, HOMEOWNERS ASSOCIATION, ETC.)				
ARE YOU REQUESTING TO USE TRAFFIC CONTROL DEVICES SUPPLIED BY THE HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS? (IF YES, AN APPROVED REQUEST FORM FOR TRAFFIC CONTROL DEVICES MUST BE ATTACHED TO THIS APPLICATION)				
ADDITIONAL COMMENTS				

**APPLICATION FOR TEMPORARY CLOSING/SPECIAL USE OF COUNTY ROAD PERMIT**

It is understood and agreed that the rights and privileges granted by this permit are granted only to the extent of the County's right, title, and interest in the land to be entered upon and used by the Permittee, and the Permittee will, at all times, assume all risk of and indemnify, defend, save, and hold the County harmless from and against any and all loss, damage, cost, or expense related to or arising in any manner on account of the permit and any act or failure to act by the Permittee or the Permittee's employees, agents, associates, and volunteers in connection with the activities authorized by the permit.

During the event, all safety regulations of the Florida Department of Transportation shall be observed and the holder must take measures, including placing and display of safety devices, that may be necessary in order to safely conduct the public through the project area in accordance with the Federal Manual on Uniform Traffic Control Devices (MUTCD), as amended, the Florida Department of Transportation's latest Roadway and Traffic Design Standards, the Highlands County Land Development Regulations, and the Highlands County Technical Standards Manual, current edition.

In case of non-compliance with the County's requirements in effect as of the approved date of this permit, this permit is void and the facility will have to be brought into compliance or removed from the right-of-way at no cost to the County.

The Permittee hereby agrees to pay for any special handling charges that apply (an estimate will be provided to the Permittee in advance).

Submitted by: \_\_\_\_\_  
Permittee

\_\_\_\_\_  
Signature and Title

Recommended for  Approval  Disapproval \_\_\_\_\_ Date \_\_\_\_\_  
Traffic Operations Supervisor or Designee

**PERMIT**

Highlands County Approval: This Application is Hereby  Approved  Disapproved and this permit is issued subject to the following conditions:

\_\_\_\_\_  
County Engineer or Designee Date \_\_\_\_\_

DISTRIBUTION: Original – Permittee  
1st copy – County Engineer's Office  
2nd copy – Highlands County Traffic Operations Supervisor

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS  
**APPLICATION FOR TEMPORARY CLOSING/SPECIAL USE OF COUNTY ROAD PERMIT**

**HIGHLANDS COUNTY TRAFFIC OPERATIONS  
 TRAFFIC CONTROL DEVICES PICK UP / RETURN FORM**

Name of Organization \_\_\_\_\_

Date of Event \_\_\_\_\_

Event \_\_\_\_\_

ITEM	QUANTITY
36" Traffic Cone With Reflective Colors	
Type II Barricade	
Flashing Solar Barricade Light	
Type III Barricade	
Arrow Trailer (Municipalities Only)	
Crash Truck (Municipalities Only)	
Channel Post	
Round Post	
<b>Traffic Sign Description:</b>	
<b>Other:</b>	

Date Picked Up \_\_\_\_\_

Date Returned \_\_\_\_\_

\_\_\_\_\_  
 Name of Person Picking Up (Printed)

\_\_\_\_\_  
 Name of Organization (Printed)

I, the undersigned, agree to be responsible for all items borrowed and to return all items to Highlands County Traffic Operations on the next business day after the event is held. I further understand that all items borrowed must be returned in the same condition as received.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

OFFICIAL USE ONLY	
_____ Approved by	_____ Date
All items returned as agreed	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Received by (Traffic Operations Employee)	_____ Date