

Application for Temporary Road Closure

Pursuant to Schedule 10 of the Local Government Act 1974 Email completed application to: roading@mackenzie.govt.nz

Name	and	Contact	Details

Applicant's Name:					
Club/Organisation:					
Mailing Address:					
Telephone No:					
Email:					
Event Details					
Event:	1				
Date of closure:					
Start time of closure:		End time of closure:			
Road(s) to be closed: (supply full location details and attach a map)	<u>'</u>				
Checklist Submit this form within 42 calendar days prior		of the event to allow for first a	advertisement to be published		
☐ Pay temporary road closure application fee listed at mackenzie.govt.nz/council/fees-and-charges — a copy of the payment receipt is to be supplied with this form (this fee is non-refundable whether the application is approved or declined).					
- : :	rtising costs relating to Public Notification of Road Closure. nge the advertising with the invoice being sent directly to the applicant.)				
Attach written approval from affected parties. You will need to negotiate with any objectors to secure their consent (without consent of all affected parties, Council may have to decline the request for closure).					
☐ Attach map(s) showing	location of road closure(s).				
☐ Attach a Traffic Manage	ement Plan (TMP) for the even	t for Council approval.			
☐ Attach evidence of pub	lic liability insurance to Counci	l (if applicable).			
Applicant's Signature: Date:					
	to sign on behalf of club or organis	sation)			
Office use only					
Received by:		Advertising arranged:	☐ Yes ☐ No		
Date received:		1st date of advertising:			
Fees received:		2nd date of advertising:			
Submissions received:	☐ Yes ☐ No	Application Approved:	☐ Yes ☐ No		
Notes / Comments:					