

TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: _____

Permit No. _____

Governmental Entity/Permittee

Approving Local Government _____	Contact Person _____
Address _____	
Telephone _____	Email _____

Organization Requesting Special Event

Name of Organization _____	Contact Person _____
Address _____	
Telephone _____	Email _____

Description of Special Event

Event Title _____	Date of Event _____
Start Time _____	End Time _____
Event Route (attach map) _____	

Detour Route (attach map) _____	

Law Enforcement Agency Responsible for Traffic Control

Name of Agency _____

US Coast Guard Approval for Controlling Movable Bridge

Not Applicable <input type="checkbox"/>
Copy of USCG Approval Letter Attached <input type="checkbox"/>
Bridge Location _____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator _____	Signature _____	Date _____
Law Enforcement Name/Title _____	Signature _____	Date _____
Government Official Name/Title _____	Signature _____	Date _____

FDOT Special Conditions

FDOT Authorization

Name/Title _____	Signature _____	Date _____
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