

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: _____

Permit No. _____

Governmental Entity

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
Copy of USCG Approval Letter Attached
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 _____