APPLICATION BY MUNICIPALITY FOR PERMISSION TO DETOUR STATE TRUNK HIGHWAY TRAFFIC

Wisconsin Department of Transportation

DT1479 6/2007 (Replaces ET604) s.84.07(4) Wis. Stats.

TO: REGIONAL TRAFFIC SECTION

Municipality City of Oshkosh		County Winnebago
Area Code – Telephone Number		E-Mail Address
Name of Street(s) to be Closed ☐ STH ☐ USH		Streets Closed Between (Street Name) FROM: TO:
PROPOSED TEMPORARY ROUTE		
☐ MAP ATTACHED	Date and Duration of Detour Date:	Time: a.m. to a.m.
Reason		
Name and Address to Whom Permit will be Returned City of Oshkosh Department of Public Works 215 Church Avenue / PO Box 1130, Oshkosh, WI 54903		

The above municipality requests permission to close the marked route as described, during which time the municipality will provide temporary route as designated.

The municipality agrees to accept the following terms and conditions:

1. The municipality shall provide a detour having structural, geometric and traffic control characteristics, which are acceptable to the Region. A detour map which provides street names shall be submitted.

2. The municipality shall furnish, erect and remove signs and markers at the sole expense of the municipality, unless provided for in (3), or unless directed by officers for short routes and short timeframe (less than 3 days).

3. A Detour and Traffic Control Plan shall be submitted to the Region for approval. An example is Standard Detail Drawing 15C2-4C.

4. The municipality shall agree to minimize, as much as practicable, the duration of closure, including providing for assembly and dispersal of parades in areas removed from the state highway route.

5. The municipality shall accept full responsibility for any damage to local roads and streets resulting from closure and detour.

6. The requester shall arrange for adequate traffic control from either WisDOT or the appropriate county, and provide documentation of enforcement coordination.

7. The requester shall notify all media, emergency services and schools, five (5) days prior to the detour.

8. Additional conditions: . Attachments: ☐ Yes ☐ No

(Authorized Official Signature)	(Title)	(Date)

Permission is granted to temporarily close the designated segment of state trunk highway and to provide a detour, subject to the stated conditions.

(Permit Number)	(Approved By)	(Date)