

Town of Bethel
19 Main Street PO BOX 1660 Bethel, ME 04217
207-824-2669/Fax 207-824-3355

Town of Bethel Road Closure/Road Usage Application Date:

APPLICANT INFORMATION

Business Name:
Address:
Contact Number:
Email Address:
Day of event contact person name and phone number:

CLOSURE/USAGE INFORMATION

Event Location (Example: **Street Name:** Main Street **between** Cottage Street **and** Church Street)

Street Name:	Between	And
Date of Event:	Start Time:	End Time:
Street Name:	Between	And
Date of Event:	Start Time:	End Time:

Please attach a diagram of the road closures/road usage request.
Please attach the Traffic Safety Plan (see Maine DOT Road Closure Brochure).

CLOSURE CHECK LIST

- Sheriff's Department Notified 1-800-733-1421
- Bethel Fire Department and Bethel Ambulance Service Notified 207-824-2669
- Maine Department of Transportation notified if the road is a state road 207-624-8200

SELECT BOARD AUTHORIZATION

Accepted ____ or Denied _____ Date:

The Town of Bethel requires that a **request for road closure be made 30 days prior to the closure date** to ensure enough time to notify the public and area businesses.

APPLICANT SIGNATURE

Signature of Applicant: _____ Date: _____

Bethel Village

