



TOWN OF DRAYTON VALLEY
PO Box 6837, 5120-52 Street,
Drayton Valley, AB T7A 1A1
Phone: 780-514-2200
Email: permitinfo@draytonvalley.ca

Obstruction Permit

Date: _____

Permit Number: _____

THIS PERMIT AUTHORIZES

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

To obstruct the following portions of the highway (roadway) as described below; please describe the location in detail and attach a site plan.

Describe in detail the description of the obstruction.

This permit is approved subject to the following conditions.

This permit is valid from: _____ to _____

Applicant Signature

Authorized Signature

Authorized Signature

Date Authorized: _____

The applicant of this Permit indemnifies the Town from any and all liability whatsoever arising from the event and undertake responsibility for the good conduct and order of the Permit and certify the Person(s) has a minimum comprehensive general liability insurance policy of \$2,000,000. A copy of which is included with this permit. _____

Site Plan

(Please attach detailed site plan below)

The applicant of this Permit indemnifies the Town from any and all liability whatsoever arising from the event and undertake responsibility for the good conduct and order of the Permit and certify the Person(s) has a minimum comprehensive general liability insurance policy of \$2,000,000. A copy of which is included with this permit. _____