

# KILLINGLY, CONNECTICUT TRAFFIC AUTHORITY

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Town of Killingly  
Town Manager's Office  
172 Main Street, Killingly, CT 06239  
Ph: 860-779-5300 ext. 7  
[townmanager@killinglyct.gov](mailto:townmanager@killinglyct.gov)

## PARKING LOT/ROAD USE & SIGNS/MARKINGS APPLICATION

All requests for the use of Town Roadways in the Town of Killingly and/or requests for Traffic Regulated Signs/Markings must be completed and forwarded to the Killingly Town Manager. In the instance that this application is for the use of Town Roadways, it must be submitted to the Town Manager no later than sixty (60) days before said event.

### Check One

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Use of Town Roadways (Complete Sections A, B, & D)

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Proposed Signs/Markings (Complete Sections A, C, & D)

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### A. APPLICANT/ORGANIZATION

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Other #: (\_\_\_\_) \_\_\_\_\_

Organization (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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### B. USE OF TOWN ROADWAYS


Name/Description of Event: \_\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_:\_\_\_\_ AM/PM End Time: \_\_\_\_:\_\_\_\_ AM/PM

Point of Contact (If different from applicant): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Town Road(s) to be used: \_\_\_\_\_

Please use the box below to draw a map showing the routes to be used. You may attach additional sheets as needed. Please note that if any portion of your event uses or needs access to a state road, a State of Connecticut Special Event Permit for Highways must also be completed and submitted to the State **ONLY** after a Town of Killingly Approval.



### C. PROPOSED SIGN/MARKINGS

Keep in mind that Regulatory signs may require studies by Town and State regulatory agencies. These include Speed Limit, Stop, Parking or any sign for which one can be ticketed if ignored. These studies can take some time. However, **SERIOUS SAFETY** issues will be addressed promptly.

Safety Issue: **YES** **NO** Type of Sign/Markings: \_\_\_\_\_  
 Circle Yes or No **Speed Limit, Stop Sign, Parking, etc.**

**Location of Sign/Markings:** \_\_\_\_\_  
**Street & Village (Ballouville, Danielson, Dayville, East Killingly, Williamsville, South Killingly)**

**Comments:**

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Please attach additional information, maps, or drawings to help explain your request. The Killingly Town Manager will review the proposed Sign/Markings request. The Town Manager will have final say pertaining to Proposed Sign/Markings.

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**D. SIGNATURE**

My signature acknowledges I agree to abide by all applicable laws and ordinances. In the event my Use of Town Roadways Application is approved, I also agree to abide by all conditions set forth by the Town of Killingly.

**Requested by Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail completed form to:**  
Town of Killingly  
Town Manager's Office  
172 Main Street  
Killingly, CT 06239

or

**Email completed form to:**  
townmanager@killinglyct.gov

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**\*\*\*OFFICIAL USE ONLY\*\*\***

\_\_\_\_ Approved \_\_\_\_ Denied

Please review the comments below and/or attached document (if applicable) detailing any requirements or additional information pertaining to the request for the Use of Town Roadways or Proposed Sign/Markings.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Official Comments:**

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