ROAD USE & SIGNS/MARKINGS APPLICATION

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

Check One

☐ Use of Town Roadways (Complete Sections A, B, & D)  ☐ Proposed Signs/Markings (Complete Sections A, C, & D)

A. APPLICANT/ORGANIZATION

Name: _______________________________     Phone #: (____) ____-______     Other #: (____) ____-______

Organization (If Applicable): __________________________________________________________________

Address: ___________________________________________ State: _________________ Zip: ________

B. USE OF TOWN ROADWAYS

Name/Description of Event: __________________________________________________________________

Date of Event: _____/_____/_____  Start Time: _____:_____ A.M./P.M.  End Time: _____:_____ A.M./P.M.

Point of Contact (If different from applicant): _______________________________ Phone #: (____) ____-______

Town Road(s) to be Used: __________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Mary Calorio, Town Manager
172 Main Street,
Killingly, CT 06239
mcalorio@killinglyct.gov
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: __________________

Speed Limit, Stop Sign, Parking, etc.

Location of Sign/Markings: __________________

Street & Village (Ballouville, Danielson, Dayville, East Killingly, Williamsville, South Killingly)

Comments:

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

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 below comments and/or attached document (If Applicable) detailing any requirements or additional information pertaining to your request for the Use of Town Roadways or Proposed Sign/Markings.

Authorized Signature: _____________________________ Date: _____/_____/_____

Mary Calorio, Town Manager

Official Comments:

__________________________________________________________________________________________

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