Name/Title

## STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION TEMPORARY CLOSING OF STATE ROAD PERMIT

Date

Date:	Permit N	No
Governmental Entity		
Approving Local Government	Contac	ct Person
Address		
	Email	
Organization Requesting Special Event		
Name of Organization	Contac	ct Person
Address		
Telephone	Email	
Description of Special Event		
Event Title	Date of Event	
Start Time End Time	e	
Event Route (attach map)		
Detour Route (attach map)		
Law Enforcement Agency Responsible for Traffic Control		
Name of Agency		
US Coast Guard Approval for Controlling Movable Bridge		
Not Applicable		
Copy of USCG Approval Letter Attached		
Bridge Location		
The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.		
The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.		
	Signatures of Authorization	
Event Coordinator	Signature	Date
Law Enforcement Name/Title	Signature	Date
Government Official		
Name/Title	Signature	Date
FDOT Special Conditions		
	EDOT Authorization	

FDOT Authorization
Signature