ROADWAY ACTIVITIES APPLICATION

PLEASE NOTE ONLY TWO APPLICATIONS PER YEAR WILL BE APPROVED.

APPLICANT INFORMATION

Name of Applicant/Organization: _____

Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Contact Person **(This person will serve as the contact person for all questions regarding the application) :**
_____

Date of Request: _____

ROADWAY ACTTIVITY

Date of Activity: _____

□ **Marches/Parades on County Road** _____

□ **Non-profit roadside fundraisers on County Road** _____

□ **Bicycle or Pedestrian races on County Road** _____

□ **Signage on County ROW**_____
(Name of County Road)
Date Signs will be placed: _____ **Date Signs will be removed:** _____

□ **Other:** _____
_____

*******Road Closures will be placed on the Board of County Commissioners Agenda for Approval***********

□ **Road Closure** _____
(Name of County Road)
□ **Number of lanes to be closed:**_____ **Date of Road Closure:** _____

Local Governmental Entity Approval
(Please do not write in this section)

Name of Local Governmental Entity: WALTON COUNTY ADMINISTRATION
Telephone: (850) 892-8155 FAX: (850) 892-8454

Name of signing official (Please Print): _____

Signature of Approval: _____ ***Date:*** _____

Please complete and return this Roadway Activities Permit Application to Walton County Administration for review and approval. This form should be submitted not less than 30 days prior to date of the event.

Walton County Administration, 76 North 6th Street, DeFuniak Springs, FL 32433
Telephone: (850) 892-8155 Fax: (850) 892-8454

BCC Adopted May 24, 2011