



TOWN OF LA VETA
TEMPORARY PARTIAL CLOSURE PERMIT

Street ☐ Alley ☐ Sidewalk ☐ Other ☐

Name: _____

24-hour Contact Phone #: _____ Email: _____

Location of Closure: _____

(Attach a scaled drawing of location and closure area.)

Requested Days: Start Date _____ End Date _____ (Note: 10 Day Maximum)

Reason for Closure: _____

Any partial closure permit must be configured so as to allow passage of normal traffic through the site. If closure remains after dark, necessary signage and barriers must be placed and approved by the town to minimize hazard conditions.

Closure permit issued at the sole discretion of the Town of La Veta and may be revoked at any time.

(Do not fill out anything within this box, for Official use only)

MAINTENANCE DEPARTMENT APPROVAL

Date: _____ Reviewed by: _____ Referred: Yes ☐ No ☐

Approved by: _____

Reasons for denial: _____

Conditions of approval: _____

TOWN BOARD APPROVAL

Date: _____ Reviewed by: _____ Approved: Yes ☐ No ☐

Approved by: _____

Reasons for denial: _____

Conditions of approval: _____
