

## **Application for Closure Of Town Streets**

		•	•	may be subject to cha	ange.
	ng days to proces	s the application			
* Application Fee					
•	nents attached to	this application:			
☐ Traffic pla					
☐ Safety Pla	n				
Closure Type:					
□ Partial					
☐ Full					
Application Date	<u> </u>				
Road Closure Re	equirements:				
*Flagging person	nel on-site in nece	essary attire			
*Diversion signaç	ge along with barri	icades placed be	efore the road clo	sure begins	
IN ADDITION, FU	JLL CLOSURE AP	PLICATIONS NE	ED:		
*Notify anyone a	round the closure	prior to the even	t		
*Additional safety	y guards and equi	pment may be n	eeded		
Road Closure Ad	ldress:				
Road Closure: St	art Date:		End Date:		
	Start Time:	AM/PM		AM/PM and times required	
Applicants Name	)			and times required	
General Contract					
Name:					_
Phone		Emai			

## \*Must Be Available During Closure\*

## **Description Of The Closure:**

\*If permits or other notices are required, it is the responsibility of the applicant to obtain them from all other departments (Building, Engineering, and/or Planning) to avoid STOP-WORK-ORDER.

Applicants Signature						
Engineering Approval						
* Please attach a copy of a valid ID.						
For Office Use Only						
Fees Paid: Check #: Date:	_					
Fees Paid to: Title:						
<ul><li>☐ Road Dept. received the application.</li><li>☐ Sheriffs Dept. Notified of Closure</li><li>☐ Permit Number:</li></ul>						
Road Department Comments:						
Sheriffs Department Comments:						
Road Department Approval	 Date					
Office Staff Approval	 Date					