



## TEMPORARY RIGHT-OF-WAY CLOSURE

*Permit to block a sidewalk and/or street shall be issued in accordance with all requirements of the Manual on Uniform Traffic Control Devices Handbook*

Applicant: \_\_\_\_\_

Applicant Type:       Agent       Contractor       Event Organizer       Owner

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

The requested closure is for:       Construction       Special Event

1. Date of Closure: \_\_\_\_\_ Time: \_\_\_\_\_

2. Closure location: (Map clearly indicating closure must be included) \_\_\_\_\_  
\_\_\_\_\_

3. Closure Type:

Lane(s) Please describe \_\_\_\_\_

Parking Spaces      Number of spaces \_\_\_\_\_

Full Closure

Sidewalk Only

4. Please describe the work and/or reason for the temporary right-of-way closure request. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information submitted is true and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date