



# PERMIT APPLICATION FOR TEMPORARY STREET AND LANE CLOSURES

Engineering Division

Phone: (909) 477-2740

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**NOTE: ALLOW 24 HOURS MINIMUM FOR PROCESSING MINOR CLOSURES (LASTING 1 OR 2 DAYS)  
ALLOW 7 TO 10 DAYS FOR PROCESSING MAJOR CLOSURES (LASTING 3 DAYS OR MORE)**

Engineering Construction ROW Permit No. (Required): \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Proposed Working Hours: \_\_\_\_\_ Work Duration: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

Address 1: \_\_\_\_\_ City: \_\_\_\_\_

Address 2: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

**Street Type:** 2-Lane Street  Multi Lane  Raised Median Island

**Closure Requested:** Partial Street Closure  Full Closure  Intersection

Left Turn Lane  Right Turn Lane  Shoulder Adjacent

Daytime Lane Closure Only  Overnight Lane Closure

**Direction:** North  South  East  West

**Daily Working Hours Requested:** Start Time \_\_\_\_\_ End Time \_\_\_\_\_

**Is this an emergency repair project?** Yes  No

**Is this a "City" funded Capital Improvement project?** Yes  No

**FOR OFFICIAL USE ONLY:**

Construction Area Traffic Control Plan Required? Yes  No

Advance Notification Signs Required? Yes  No

Comments/Conditions: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Advance Notification Signs Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Traffic: \_\_\_\_\_ Date: \_\_\_\_\_