

PARK COUNTY

TEMPORARY ROAD CLOSURE APPLICATION

CLOSURE TYPE	LOCATION	APPLICANT
<input type="checkbox"/> SIMPLE Single Day – 8 hours or less <input type="checkbox"/> COMPLEX Multiple Days – more than 8 hours DESCRIBE WORK TO BE DONE _____ _____ _____	Road to be Closed _____ _____ From: _____ _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W To: _____ _____	Name _____ Address _____ City _____ State _____ Zip _____ Day Phone _____ 24 Hr Phone _____

TIME LIMIT:

1) Date: _____ To: _____ NOTE: 10 business days required *before* first day closure will occur.
 Hours: _____ To: _____

2) Date: _____ To: _____ 3) Date: _____ To: _____
 Hours: _____ To: _____ Hours: _____ To: _____

4) Date: _____ To: _____ 5) Date: _____ To: _____
 Hours: _____ To: _____ Hours: _____ To: _____
 (Limited to 8:00am to 5:00pm - Attach additional page if needed)

CONTRACTOR INFORMATION – If different from Applicant:

AGENCY: _____ Person in Charge: _____
 Address: _____ City, State, Zip: _____
 Office Ph: _____ Cell Ph: _____ 24-hr Ph: _____

ACCEPTANCE: The undersigned represents that he/she has read and understands all the provisions and requirements of the Road Closure Procedures as written in the Park County Road & Bridge Standards, Chapter V, Section 4, Sub-Section i., and agrees to comply with all the aforementioned provisions and requirements.

Park County Development Standards and Specifications are available on the County Website: www.parkcounty.us

APPLICANT: _____ DATE: _____
 APPLICANT: _____ DATE: _____

For Office Use Only

R.O.W. PERMIT #: _____ Traffic Control Plan Included Sketch/Detour Plan Included
 Proof of Liability Insurance On file

Recommendation:

Approved Incomplete Denied Approved with Conditions

Comments: _____

DISTRICT FOREMAN **DATE**

PARK COUNTY ENGINEER'S OFFICE **DATE**