



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: _____