Road Closure Permit Application

For use by Transportation Departments

Applicant Information

Name / Organization

Contact Person

Address

Phone

Email

Closure Details

Road/Street Name

Location/Area

Start Date

Start Time

End Date

End Time

Reason for Closure

Expected Impact / Detour Plan

Attachments (e.g., map, plan)

List file names or references

Additional Information

Notification to Residents/Businesses

Describe how you have notified or plan to notify

Special Requirements or Considerations

Applicant Signature

Date

For Official Use Only

Date