PARK COUNTY

TEMPORARY ROAD CLOSURE APPLICATION

CLOSURE TYPE	LOCATION	APPLICANT
☐ SIMPLE Single Day – 8 hours or less ☐ COMPLEX Multiple Days – more than 8 hours DESCRIBE WORK TO BE DONE _____ _____ _____	Road to be Closed_____ _____ From:_____ _____ ☐ N ☐ S ☐ E ☐ 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:**_____

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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**