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445 Marsac Avenue, P.O. Box 1480, Park City, UT 84060 (435) 615-5100 (PH) www.parkcity.org

APPLICATION FOR CLOSURE OF CITY STREET

PARTIAL		<i>Mark Type of Closure</i>		FULL
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Please Allow 2 Working Days to Process

All Partial and Full Road Closures are subject to field inspection and maybe subject to change.

PERMIT #:	DATE OF APPLICATION:
ADDRESS OF CLOSURE:	
APPLICANT'S NAME:	
GENERAL CONTRACTORS NAME:	
PHONE (must be available during closure):	
EMAIL ADDRESS:	

DESCRIPTION OF THE CLOSURE:
*DATE(S) OF ROAD CLOSURE:
*TIME(S) OF ROAD CLOSURE: Start Time _____ am/pm End Time _____ am/pm
*EXACT DATES & TIMES ARE REQUIRED
<i>If permits or other notices are required it is the responsibility of the applicant to obtain from all other departments (Building, Engineering, &/or Parking) to avoid a STOP WORK ORDER.</i>

PROVIDE SAFETY/TRAFFIC PLAN :
<i>Flagging Personnel along with all necessary attire and signage will be in place prior to partial road closure. Additional Safety Guards and Equipment may be necessary to maximize all safety concerns which may arise.</i>

SIGNATURE OF APPLICANT:
BUILDING &/OR ENGINEERING APPROVAL:
COMMENTS: