



DEPARTMENT OF PUBLIC WORKS

REQUEST FOR TEMPORARY STREET/LANE/PARKING LOT CLOSING

Instructions:

- 1) All Temporary Street/Lane/Parking Lot Closure requests must be received no less than 2 weeks prior to event. Contact Public Works Street Superintendent (540) 332-3892 to determine if Maintenance of Traffic (MOT) Plan is required.
2) Public Works Department Office Manager will receive all requests and forward to Public Works Streets Superintendent.
3) Public Works Streets Superintendent will approve/disapprove and make additional comments if necessary. Form is forwarded to the Police Department.
4) Police Department will approve/disapprove and make additional comments if necessary. Form is forwarded to the Fire Department.
5) Fire Department will approve/disapprove and make additional comments if necessary. Form is forwarded to the City Manager.
6) City Manager will approve/disapprove and make additional comments if necessary.
7) If approved:
a) Public Works Department Office Manager will notify the requesting party and the Police Department. The Police Department will notify Dispatch who will notify the Fire Department and Rescue Squad.
b) Police Department will place and remove traffic control equipment when approved/authorized by the Chief of Police.

Date Submitted: \_\_\_\_\_ Received By: \_\_\_\_\_

Name of Individual or Group: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Closing Requested for Streets(s): \_\_\_\_\_

from (Point A) \_\_\_\_\_ to (Point B) \_\_\_\_\_

\*\*\*MUST ATTACH A SKETCH\*\*\*

\*\*\*MUST ATTACH MAINTENANCE OF TRAFFIC (MOT) PLAN WHERE REQUIRED\*\*\*

Date(s) of Requested Closure: \_\_\_\_\_ Time of Closure: \_\_\_\_\_

Name of Coordinator(s) \_\_\_\_\_

Coordinator's Address: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Email completed form to Bonny Stanley, stanleybj@ci.staunton.va.us