APPLICATION FOR TEMPORARY ROAD CLOSURE PERMIT

This application should be submitted to the Community Development Department **within 20 days** *of the anticipated road closure date.*

Community Development Department

5047 Union Street
Union City, GA 30291
Phone: 770-515-7950
Email: Development@unioncityga.org

PLEASE FILL IN DETAILS OF PROPOSED ROAD CLOSURE:

Date of Application: _____

Applicant/ Representative Name: _____

Address: _____

_____

Contact Phone No: _____ Email: _____

ROAD CLOSURE DETAILS:

Streets/ Roads to be closed ***(include sketch or map):***

_____

_____

Start date of Closure: _____ End date of Closure: _____

Start Time: _____ End Time: _____

Purpose of proposed closure:

_____

_____

_____

Suggested detour route ***(include sketch or map)***

Please provide list of affected property owners within 1,500' of affected property and proof of notice to affected property owners
*****Notice should be sent within 15 days of scheduled road closure***