TEMPORARY STREET CLOSURE APPLICATION REQUEST

Engineering Division 300 Henry Ward Way, Suite 202, Gainesville, GA 30503
(770) 535-6882

GAINESVILLE
PUBLIC WORKS

APPLICANT INFO:

Company / Organization: _____ Event Name: _____

Contact Name: _____ Contact #: _____

Email Address: _____

Emergency Contact: _____ Emergency Contact #: _____

REQUEST INFO:

☐ FULL STREET CLOSURE ☐ SINGLE LANE CLOSURE ☐ OTHER

PURPOSE: _____

_____

_____

Event Date: _____ Start Time: _____ Finish Time: _____

LOCATION INFO:

Address: _____ Map Attached: ☐ YES ☐ NO

MANDATORY REQUIREMENTS FOR APPROVAL

It is the responsibility of the applicant to ensure compliance with the provisions that are listed below, along with all City, state and federal laws. **Failure to comply will result in revoking of temporary street closure permit.**

- The participants will abide by and obey all laws, rules and regulations.
- The applicant will assume any and all liabilities that may arise by such closures.
- The applicant must provide an adequate supply of barricades, cones, and warning signs to indicate that such street or lane is temporarily closed.
- The applicant must provide adequate detour signage and traffic control that adheres to MUTCD Standards
- The applicant is responsible of notify all residents and or businesses affected by this closure.
- Emergency vehicles must have access, without any delay!

_____ _____

Applicant or Authorized Representative Date of Application

OFFICE USE ONLY BELOW

PERMIT NUMBER: GPW-SC_____

APPLICATION:

☐ Approved ☐ Approved With Conditions ☐ Denied

Conditions: _____

_____

_____

Department Director (or Designee): _____ Issued Date: _____