

CITY OF CHANDLER

ROAD RESTRICTIONS AND CLOSURES PERMIT

Please complete this form if you are planning on closing or restricting any City streets. This form MUST accompany the traffic plan provided by your professional traffic company.

Date:				
Applicant: Job Foreman Contractor Name Cell Phone				
Scope of Work:				
Traffic Restriction:				_
Location: On At/From To				
Officer Required. A Police intersection. More than one intersections affected by lane advance at 480-782-4204.	officer may be required	due to the type of work be	eing done or the num	ber of signalized
Construction Date/Time:				
Start		End		(See Note 3)
R:30 AM to 4:00 PM 24-Hour Nighttime - 9 PM to 5 AM		Weekend (spe Other (specify)		
Barricade Company:		Pho	ne:	
Note: Separate approval of Traffic Co	ntrol Plan (TCP) is require	d. Is TCP Approved?	Yes N	0
<u>lm</u> ı	ortant Informati	<u>on (please read ca</u>	<u>refully)</u>	
 1 Traffic Control Plans must be submit 2 Traffic Control Plans submitted on Fr 3 Any work outside of the time frame re 	days, weekends or holiday	s, will have the 24-hour time	period begin on the ne	•
Technical Design Manual #7. To rev 4 If traffic is being shifted between lane precisely at the time of the switchove	se dates of construction of sat a signalized intersection	r for new applications, see No on, the applicant is required t	ote 7 below. o notify the City 24-hou	ŭ
5 The Applicant is responsible to maint	· · · · · · · · · · · · · · · · · · ·			16 4
6 The Applicant shall ensure that all transcriptions of the company is a company in the company is a company in the company				
7 Requests for arterial road closures m communication with the City's Traffic		•	will not be considered	without prior
8 For questions, plan revisions, or date CIP jobs: Steve Lindl - cell 602 Development jobs: Abe Murua -	revisions, please contact -377-0010, office 480-782	the appropriate Traffic Engine -3453, fax 480-782-3472		
Applicant/Job Foreman		Approval b	y Traffic Engineerir	ng
Permit No.		Date of Ap	proval	