Town of Castle Rock
Public Works Department
Phone 720-733-2462 Fax 303-660-1025

APPLICATION FOR STREET/LANE CLOSURE (CONTRACTOR ONLY)

Submit To: Public Works Department
4175 N. Castleton Ct.
Castle Rock, CO 80104

Public Works Permit #_____

APPLICANT:_____

ADDRESS: _____ PHONE: _____

City/State/Zip: _____ FAX: _____

24-HOUR CONTACT PERSON:_____

Phone: _____ Mobile: _____ Pager: _____

APPLICATION IS HEREBY MADE FOR STREET AND/OR LANE CLOSURE AS FOLLOWS:

LOCATION (attach Traffic Control Plan): _____

TYPE OF CLOSURE: ☐ STREET ☐ LANE ☐ SHOULDER ☐ SIDEWALK

DATE OF CLOSURE: _____ TIME OF CLOSURE: From _____ to _____

PURPOSE OF CLOSURE (If applicable, attach Construction Phasing Plan and schedule): _____

_____

STREET AND/OR LANE CLOSURE REQUIREMENTS:

- Applicant request must be made 21 days prior to street closure / 7 days prior to lane closure, shoulder or sidewalk.
- Applicant is responsible for notifying adjacent owners 24 hrs. prior to the closure, and shall maintain access to all sidewalks and driveways.
- For street closures, the Applicant is responsible for installing notice signs seven (7) days in advance of the closing.
- Applicant is responsible for providing work zone safety that meets the standards set forth in the *Manual on Uniform Traffic Control Devices (MUTCD).*
- Applicant shall protect existing utilities, storm drains and structures from damage and shall be responsible for any repairs required as a result of the applicant's action, omissions or negligence.
- Applicant indemnifies and holds harmless the Town of Castle Rock and its officers, agents and employees from all liability, loss, cost and and/or damage to property.

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____
Applicant's Signature Date of Application

FOR OFFICE USE ONLY: ☐ **Approved** ☐ **Denied** **Set-up** _____ **Removal** _____

Special Requirements/Comments: _____

_____

_____ _____ _____
Public Works Director or Designee Date Assigned Inspector