

**CITY OF REDLANDS
MUNICIPAL UTILITIES AND ENGINEERING DEPARTMENT
CLOSURE PERMIT**

This Closure Permit provides notification to Police, Fire and other City services of approved street and lane closures within the City of Redlands. The applicant shall provide dates and times of the actual requested closures and not include weekends, holidays and other dates and times when work is not planned or scheduled to take place.

TYPE OF CLOSURE: STREET LANE(S) PARKING LANE OTHER _____

PERMISSION IS HEREBY GRANTED TO: _____

PRINT APPLICANTS NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ FAX: _____

E-MAIL: _____ CELL: _____

PROJECT LOCATION / ADDRESS: _____			
DEVELOPMENT #: _____		ENCROACHMENT PERMIT #: _____	
STREET NAME: _____		DIRECTION OF CLOSURE: _____	
FROM CROSS STREET: _____		TO CROSS STREET: _____	
REASON FOR CLOSURE: _____			
DETOUR ROUTE: _____			
BEGINNING DATE: _____	ENDING DATE: _____	FROM: _____	TO: _____
BEGINNING DATE: _____	ENDING DATE: _____	FROM: _____	TO: _____
BEGINNING DATE: _____	ENDING DATE: _____	FROM: _____	TO: _____
BEGINNING DATE: _____	ENDING DATE: _____	FROM: _____	TO: _____

Detour Plan Required: Yes No Date Submitted: _____

GENERAL CONDITIONS: Permittee shall comply with Caltrans Standards for barricades and signage.

SPECIAL CONDITIONS: _____

This closure permit may be revoked or suspended at any time by authorized Municipal Utilities & Engineering Department officials or City safety personnel for any reason. This closure permit shall be obtained two (2) working days prior to closure and shall be kept at the closure site at all times.

Applicant
Date _____

Approved: Municipal Utilities & Engineering
Date: _____

FOR OFFICIAL USE																			
xc:	<input type="checkbox"/>	RPD	<input type="checkbox"/>	RFD	<input type="checkbox"/>	SW	<input type="checkbox"/>	Insp.	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Streets	<input type="checkbox"/>	QOL	<input type="checkbox"/>	Applicant	<input type="checkbox"/>	Other	_____