



DEPARTMENT OF TRANSPORTATION

201 N. Stone Ave. 4th Floor

Tucson, Arizona 85701

FULL ROAD CLOSURE APPLICATION

PROJECT, SPECIAL EVENT, FILMING: _____

NAME OF CLOSED STREET(S): _____

REASON FOR CLOSURE:

DESCRIPTION: (Include with application a map showing closure limits and detour plan)

BOS District: _____ Detour Length _____ miles

Start Time: _____ AM/PM End Time: _____ AM/PM Start Date: _____ End Date: _____

Right-of-Way, Special Event, or Filming Permit Number: (if applicable) _____

APPLICANT (name, address, phone, email)

BARRICADE COMPANY (name, phone, email)

Is closure requested as part of a Department of Transportation Project: _____ Yes _____ No

**APPLICATIONS FOR CONSTRUCTION RELATED FULL CLOSURES ARE TO BE SUBMITTED
NO LESS THAN THIRTY (30) CALENDAR DAYS PRIOR TO CLOSURE**

To be Completed by the Department

ROAD CLOSURE CONDITIONS

- News release: _____ radio _____ TV
- Affected HOAs, residents and businesses contacted directly or by door hangers.
- Contact emergency services, law enforcement, school districts, post office, and public transit with detour route information.
- Access to local residents, deliveries, etc. to be maintained.
- Message boards installed _____ days prior to road closure on the following streets:

ADDITIONAL CONDITIONS:

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 Approved Denied

Division Manager: _____ Date: _____

County Engineer*: _____ Date: _____

*Required for Special Events Only