Street Closure Permit

Road Closure Request Form 151.74 KB

You must have JavaScript enabled to use this form.

REQUEST FOR STREET CLOSURE OR TRAFFIC DIVERSION

Please submit request 30 DAYS PRIOR to date requested

Basic Information

Name of Requestor

First _____

Last _____

Phone Number

Date

Name of Organization

_____

Date(s) Closure Requested

_____

Reason for Request

_____

Time of Closure or Diversion

Start

Finish

Barricades or Other Equipment Needed?

○ Yes

○ No

Please Explain

_____

Map

Choose a

file Upload

This request form MUST include a map large and clear enough to identify the following:

- All routes closed or restricted
- Mark where all barricades are required
- Identify where volunteers, if any, will be stationed
- Provide information on restricted entrance/exit locations if applicable
- If using Highway 85 for any part of route or street closure, attach authorization from Colorado Department of Transportation

One file only.
256 MB limit.
Allowed types: gif, jpg, jpeg, png, bmp, eps, tif, pict, psd, txt, rtf, html, odf, pdf, doc, docx, ppt, pptx, xls, xlsx, xml, avi, mov, mp3, mp4, ogg, wav, bz2, dmg, gz, jar, rar, sit, svg, tar, zip.

Submit