

# 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