



**CONSTRUCTION ROAD CLOSURE REQUEST – INSTRUCTION SHEET**

- DATE: FILL IN DATE OF APPLICATION.
- NAME: NAME OF APPLICANT.
- COMPANY: NAME OF COMPANY PERFORMING WORK.
- ADDRESSES: ADDRESS OF COMPANY PERFORMING WORK.
- PHONE NUMBER: REGULAR AND 24-HOUR EMERGENCY NUMBER.
- LOCATION OF CLOSURE: DESCRIBE LOCATION OF CLOSURE.
- DATE OF CLOSURE: DATE WORK WILL BE PERFORMED.
- TIME OF CLOSURE: BEGINNING AND ENDING TIMES.
- REASON FOR CLOSURE: DESCRIBE WORK BEING PERFORMED.
- ROUTING AND SIGNING PLAN: A TRAFFIC CONTROL SIGNING PLAN MUST BE SUBMITTED. IF A DETOUR IS REQUIRED, A MAP OF THE PROPOSED DETOUR MUST BE PROVIDED. ALL ROUTING AND SIGNING PLANS TO BE APPROVED BY ENGINEERING DEPARTMENT.
- EMERGENCY SERVICES: THE CITY ENGINEERING DIVISION WILL NOTIFY ALL EMERGENCY SERVICES.
- INSURANCE: APPLICANT OR COMPANY MUST PROVIDE A CURRENT CERTIFICATE OF LIABILITY INSURANCE IN AN AMOUNT NO LESS THAN \$500,000 NAMING THE CITY AS AN ADDITIONAL INSURED.

**ROAD AND LANE CLOSURES MUST BE SUBMITTED FOR APPROVAL A MINIMUM OF 72 HOURS (3 BUSINESS DAYS) PRIOR TO CLOSURE.**

**FOR WORK COMMENCING ON MONDAY, REQUEST MUST BE SUBMITTED FOR APPROVAL BY THE CLOSE OF BUSINESS (5:00 PM) ON THE PRECEDING TUESDAY.**



PROJECT NAME: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ JOB NO.: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ SUBDIVISION NAME: \_\_\_\_\_

SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PLANS REQUIRED: \_\_\_\_\_ YES \_\_\_\_\_ NO PLAN NAME/DATE: \_\_\_\_\_

LICENSED PUBLIC WORKS CONTRACTOR  CONTRACTOR'S INSURANCE ON FILE (EXP. DATE): \_\_\_\_\_

<input type="checkbox"/> Commercial R-O-W Permit: \$ _____ <input type="checkbox"/> Residential R-O-W Permit: (\$150.00) \$ _____ <input type="checkbox"/> Utility R-O-W Permit: (\$100.00) \$ _____ <input type="checkbox"/> City Utility/Cap Meter Fees \$ _____ <input type="checkbox"/> Site Inspection Fees \$ _____ <input type="checkbox"/> Re-Inspection Fees \$ _____ <input type="checkbox"/> Road/Lane Closure (\$150.00) \$ _____ <input type="checkbox"/> Other _____ \$ _____ <input type="checkbox"/> Mass Grading Permit \$ _____	<b>ACTIVITY:</b> <input type="checkbox"/> Road Bore <input type="checkbox"/> Utility Trench <input type="checkbox"/> Curb Construction <input type="checkbox"/> Drainage Swales <input type="checkbox"/> Paving <input type="checkbox"/> Sanitary Sewer Connection <input type="checkbox"/> Sidewalk <input type="checkbox"/> Water Connection <input type="checkbox"/> Asphalt Cut/Patch <input type="checkbox"/> Driveway/Approach Construction <input type="checkbox"/> Utility Trench <input type="checkbox"/> Grading <input type="checkbox"/> Other _____ <input type="checkbox"/> Waiver Request Frontage Improvements \$300.00 Location: _____
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- All work within public rights-of-way shall be performed by an Idaho licensed public works contractor with current insurance, and comply with City of Post Falls Standards, and the current edition of the Idaho Standards for Public Works Construction.
- Barricades and signage shall conform to the Manual or Uniform Traffic Control Devices. All road/lane closures require 72-hour (3 Business Days) advance notice and additional permit.
- All public improvements shall be inspected by the City of Post Falls Engineering Division (for inspections call 773-4235).
- Placement of actual construction shall be coordinated with Engineering Inspectors, once locates are in place.
- Re-inspection fees of at least the base right-of-way permit amount may be charged for work failing inspection or not being ready at the requested re-inspection time.

REMARKS: \_\_\_\_\_

This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time, after work is commenced. I hereby certify that I have read and examined the application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ENGINEERING DIVISION APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONSTRUCTION ROAD / LANE CLOSURE REQUEST**

**DATE:**

**NAME:**

**COMPANY:**

**MAILING ADDRESS:**

**PHONE NUMBER:**

**24-HOUR EMERGENCY PHONE:**

**FAX NUMBER:**

**LOCATION OF CLOSURE:**

**LANE CLOSURE**

**ROAD CLOSURE**

**DATE OF CLOSURE:**

**TIME OF CLOSURE:**

**REASON FOR CLOSURE:**

**ROUTING AND SIGNING PLAN**

**APPROVED**

**DENIED**

**COMMENTS:**

**PROOF OF INSURANCE:**

**YES**

**NO**

**EXP. DATE:**

**ROAD CLOSURE REQUEST FORM MUST BE APPROVED BY ENGINEERING DIVISION**

**APPROVED:**

**DATE:**

**GENERAL COMMENTS:**