

APPLICATION FOR TRAFFIC DETOUR OR LANE CLOSURE

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DATE(S): _____ TIME(S): _____

LOCATION: _____

TYPE OF WORK: _____



DESCRIPTION OF DETOUR AND/ OR LANE CLOSURE: (Attach additional sheets as necessary.)

APPLICANT INFORMATION:

Company Name/Contact Person: _____

Address: _____

Office Phone No.: _____ Cell No.: _____ 24 Hour Emergency No.: _____

Fax No.: _____ E-mail: _____

A COPY OF THIS PERMIT MUST BE ON SITE AT ALL TIMES

All detours, lane closure, signing, etc. shall be in conformance with the **Michigan Manual of Uniform Traffic Control Devices, Part 6** (Construction and Maintenance) as prepared by Michigan Department of Transportation, and also in accordance with **Chapter 47 of the City of Ann Arbor Code of Ordinances**.

Application is valid **ONLY** for the dates indicated above. Any changes or alterations must be approved forty-eight (48) hours prior to closure.

Issued ROW Permit Number

Signature of Applicant

Approved by

Print Name

Date Approved