

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

Company Name _____

Address _____

Local Phone No - 24 hours _____ Fax No _____

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

All detours, lane closures, signing, etc. shall be in conformance with the 2001 Revision of the **Michigan Manual of Uniform Traffic Control Devices**, Part 6 (Construction and Maintenance) 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.

ROW Permit No.

Cc: Public Services, Police, AA News,
Fire, Applicant

Revised 1/08

Signature of Applicant

Print Name

Approved by

Date Approved