APPLICATION FOR TRAFFIC DETOUR OR LANE CLOSURE

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

C: Public Services, Safety Services-Police & Fire, AnnArbor.com, Applicant Revised 8/15/11