

City of Henning
STREET CLOSURE REQUEST
(CONSTRUCTION)

Contractor _____ Contact Name _____
Day Phone _____ Emergency Phone _____
Closure Date(s) _____ Time _____ AM/PM to _____ AM/PM
Location _____
Project or Permit No. _____
Purpose (be specific): _____

Carefully read and follow all instructions (see reverse side).

Parking Will your street closure affect or impact parking? Yes No

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- Traffic Control Plan attached..... or Closure requested as drawn below
 Do you require street barricades or road cone? If Yes, indicate how many: Barricades # _____ Cones # _____

The undersigned applicant/permittee agrees that the work will be done in accordance with and subject to this permit's terms and conditions, the State Vehicle Code, the State Streets and Highways Code and is subject to inspection.

Signature of Applicant (Permittee)

Signature of Police Chief

cc: *Streets Division, Police Department & Emergency Services*

