

Street Closure Request for Construction Project

INSTRUCTIONS:

- 1.) Complete this form and, unless the request is by a City Department for work being performed in-house, attach the required Certificate of Insurance along with any further documentation (ie: maps, drawings, etc...), and return to Michigan City Clerk's Office, 100 E. Michigan Boulevard, Michigan City, Indiana. Read the Board of Public Works & Safety's Policy Regarding Street Closures for Construction Project, copies of said policy are available in the Clerk's Office. The Policy prescribes the applicable insurance requirements.
- 2.) This form and any attachments should be submitted to the Clerk at least thirty (30) days in advance of the requested closure date.
- 3.) Clerk will forward this information to City Departments for their review and recommendation. In addition, Clerk will place this Request on the Board's Agenda for their next public meeting. The Board's regular meetings are held on the first and third Monday of every month at 8:30 a.m. in Common Council Chambers (lower level City Hall).
- 4.) You should appear at the Board's next regular meeting to answer any questions or concerns the Board may have regarding your request.

Date: _____

Name of Person or Business Entity Requesting Closure: _____

Address: _____

City/State: _____

Phone Number: _____

Email: _____

Date(s) of Closure: _____ Time(s) Requested for Closure: _____

Description of Closure: _____

Intersection(s) Seeking Closure for Project, if any: _____

For purposes of traffic management, check all that apply:

Partial Closure?

Yes No

Number of lanes at work location? _____

Number of lanes that will be closed? _____

Barricades?

Yes No

Barrels?

Yes No

Arrow Board?

Yes No

Full Road Closure? (if yes, requires detour map)

Yes No

Is detour map attached?

Yes No

(a) Written description of your traffic management plan: _____

Do you have a Certificate of Liability Insurance attached?

Yes No

If Yes,

Is the City named as an Additional Insured?

Yes No

Does it contain a clause that the policy may not be canceled or modified without 30 day advance notice to City?

Yes No

Do you have maps, drawings of area and set-up plan attached?

Yes No

Please list any additional information you believe is relevant to this request: _____

I have read the Board of Works & Safety Police regarding for Street Closures for Construction Project and agree to all the terms and conditions of said policy.

Dated this _____ day of _____ 20 _____.

Authorized Signature: _____

Printed Name: _____ Phone: _____

RETURN COMPLETED FORM AND ATTACHMENTS TO:

Michigan City Board of Public Works & Safety
c/o: City Clerk
100 E. Michigan Blvd.
Michigan City, IN 46360
(219) 873-1410