



**STREET OR ALLEY CLOSING
PERMIT APPLICATION**

TRACKING No: -

Group/Organization Name:

Name:

Mailing Address:

Telephone Number: Email:

Location of the Street/Alley: Street Alley

Date: From: To: Time:

Purpose of Closing:

NOTE: Person making request must notify other property owners/users on the above mentioned street or alley in advance of closing, and provide access to those property owners/users of the closed street or alley, as necessary.

**The following persons/businesses have been notified of this request for closing:
(Provide the City of Piqua with a copy of the written notification).**

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant: _____ Date: _____

For Office Use Only below this line

Approval

Permit Approved By: _____ Date: _____

Comments or Special Conditions:

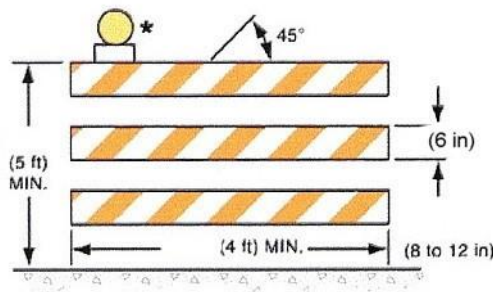
STREET OR ALLEY CLOSING PERMIT APPLICATION

All requests for a "Street or Alley Closing Permit" shall have a drawing attached showing the areas to be blocked or closed to the public and the signage, drums and/or barricades to be used.

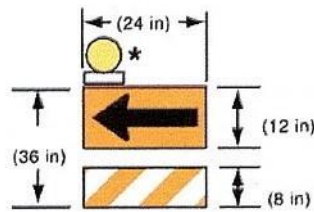
All work zone set-ups within the City of Piqua street right-of-way shall comply with the requirements as set forth in the current Ohio Manual of Uniform Traffic Control Devices, OMUTCD.

The following are examples of approved barricades and drum to be used

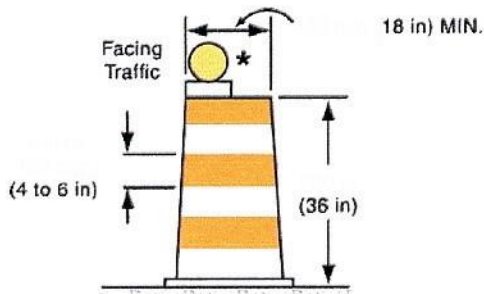
Work Zone Requirements



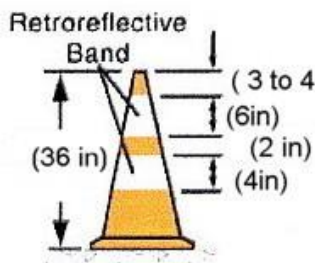
TYPE III BARRICADE
with "ROAD CLOSED" sign attached



* WARNING LIGHTS OPTIONAL
DIRECTION INDICATOR BARRICADE



Drum for use with the Type III Barricade



**STREET OR
SIDEWALK**