

## TEMPORARY LANE CLOSURE PERMIT APPLICATION

Community Development Department Building Division

455 Mountain Village Blvd. Mountain Village, CO 81435 Office (970) 728-1392 Fax (970) 728-4342

	CONTRACTOR/COMPANY INFO	RMATION
Company Name:	Address:	
Contact:	Email:	Phone:
	PROJECT INFORMATIO	N
Property Address:	Lot#	Permit#:
Cannot be for comn	Reason For Road Closur nercial activities such as advertising or ti	
Valuation of Construction Mate REQUIRED: Copy of invoice/contractions Street Name and Location of Re		by the Community Development Code
Date of Closure:	Time: to:	
Department cd@mtnvi Requests must be AT I Emergency closures w ONE LANE SHALL REF The above company of appropriate number of It is the responsibility of residences and busine This permit does not requirements of law.	LEAST 24 hours in advance.  vill be considered but must be app  MAIN OPEN TO TRAFFIC.  r its representative shall provide it  flagmen.  of the company listed above and it  esses of the road closure.	olied for prior to closure.  Its own traffic control and have the  Its representative to notify affected  Intative from meeting any applicable
		Deto
Applicant Signature:		Date:
Name <sup>.</sup>	DEPARTMENT APPROVA	
	DEPARTMENT APPROVA	