

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

Company Name:		Address:	
Contact:		Email:	Phone:
	PRO	DJECT INFORMATION	
Property Address:		Lot#	Permit#:
Cannot be for co		son For Road Closure: uch as advertising or the sale	e of goods, ware, produce etc.
Valuation of Construction M REQUIRED: Copy of invoice/cont		• • • • • • • • • • • • • • • • • • • •	Community Development Code
Street Name and Location of	Requested Road C	llosure:	
Date of Closure:	Ī -		
•— Application must be		to: itirety and returned to th	ne Community Development
Application must be Department cd@mt Requests must be A Emergency closures ONE LANE SHALL F The above company appropriate number It is the responsibility residences and bus	e filled out in its ennyillage.org AT LEAST 24 hours is will be considere REMAIN OPEN TO or its representate of flagmen ty of the company inesses of the road to relieve the comp	itirety and returned to the in advance	for prior to closure In traffic control and have the presentative to notify affected the from meeting any applicable
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