



City of Decatur, Illinois
Department of Public Works

#1 Gary K. Anderson Plaza
Decatur, IL 62523
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APPLICATION FOR TEMPORARY
STREET / LANE CLOSURE

Permit - Type or Use Ink

Must be completed as directed by City of Decatur Public Works Department

APPLICANT'S NAME / ADDRESS:

DATE: _____

PHONE NUMBER: ()

FAX NUMBER: ()

EMAIL ADDRESS:

CONTACT PERSON:

LICENSE NUMBER:

PURPOSE FOR CLOSURE:

STREET(S) INVOLVED (LIST STREET NAME(S), ADDRESS(ES), BLOCK(S), ETC.):

DURATION:

FROM (DATE) -----

AT (TIME) -----

TO (DATE) -----

AT (TIME) -----

FUNCTIONAL CLASSIFICATION OF THE CLOSED ROAD / STREET(S):

IS THE ROAD / STREET TO BE COMPLETELY CLOSED? [] YES [] NO

WILL DETOUR ROUTE BE REQUIRED: YES NO

IF YES, DETOUR ROUTE WILL BE AS FOLLOWS (OR ATTACHED SEPARATE SHEET(S)): _____

THE CLOSURE OF STREETS CLASSIFIED IN THE DECATUR ROADWAY SYSTEM PLAN AS SECONDARY COLLECTORS OR GREATER WILL REQUIRE A MARKED DETOUR ROUTE UNLESS WAIVED BY THE TRAFFIC ENGINEER.

FOLLOWING THE APPROVAL OF THIS APPLICATION, THE ENGINEERING DIVISION WILL EMAIL NOTIFICATION TO THE MEDIA AND CITY OFFICES AND WILL EMIAL APPROVED PERMIT BACK TO CONTRACTOR

APPROVED BY: _____ DATE: _____
Department of Public Works

To be filled in by Public Works

DONE BY: _____

DATE: _____ TIME: _____