

Construction Street Closure Request



Village Of Rochester

1 Community Drive Rochester, IL 62563
Incorporated in 1869

Construction Street Closure Request

_____ Planned Project Excavation Permit Number: _____
(Village will assign)

_____ Emergency Project Bond Requirement Satisfied? Y / N

Applicant: _____ Email: _____

Site Contact: _____ Phone: _____

Street requested to be closed: _____

Cross streets on both ends of closure: _____

Is this a complete road closure or one lane closure? _____

Street Closure Date(s): _____ to _____

Street Closed Time(s): _____ to _____

Purpose of Closure: _____

In an effort to minimally inconvenience traffic flow, fines and penalties will be applied for every day that the road is closed beyond the requested dates.

Can traffic be rerouted? No / Yes - Please provide a map of detour.

Barricades and signage (Detour, Road Closed, Sidewalk Closed, etc) are the responsibility of the contractor. In the event that Village employees or supplies are needed, you will be invoiced.

As the person requesting the closure, you are responsible for the notification of possibly affected entities.

Have you notified:

Y / N Sangamon County Dispatch - 217.753.6666	Y / N Rochester Police - 217.381.8351
Y / N Rochester School Transportation - 217.498.9834	
Y / N SMTD - 217.522.6087 (prompt 3)	

Applicant _____ Date _____

All planned street closures require the approval of the Village Board of Trustees. Please make sure you submit your request far enough in advance to have it heard at a regular Board Meeting which is held the second Monday of each month at 7:00pm.

[] Approved [] Denied Date: _____

Superintendent Date Village President Date