



Road Closure Instructions

The information provided below is for applications for temporary road closures.

APPLICATION REQUIREMENTS:

<input type="checkbox"/>	Application Fee. \$195 due at time of application submittal.
<input type="checkbox"/>	Road Closure Application Form and Plan. <ul style="list-style-type: none">In order to apply for a road closure, the following items must be submitted for review at least four weeks prior to the requested closure date.Fill out and submit the completed Road Closure Request Form. This form can be found on the Clackamas County website at http://www.clackamas.us/engineering/forms.html or contact the Clackamas County Engineering Division staff.
<input type="checkbox"/>	Submit the following with the completed application: <ul style="list-style-type: none"><input type="checkbox"/> One set of traffic control plans showing warning sign placement, flagger positions, (if applicable) and cone and barrier placement. This plan must comply with current manual on Uniform Traffic Control Devices (MUTCD) requirements.<input type="checkbox"/> One set of the detour route map showing barricade placement, flagger positions, (if applicable), and detour signs/arrows at each turn. If the detour route includes city streets, an approval letter from the city is required. This plan must comply with the current manual on Uniform Traffic Control Devices (MUTCD) requirements.<input type="checkbox"/> One set of construction plans.<input type="checkbox"/> One copy of the certificate of liability.
<input type="checkbox"/>	Application Process: <p>Acceptance of the application and related forms and exhibits is subject to approval by County staff. <i>(Timeline: 1-4-weeks from completed application)</i></p> <p>Once county staff has completed the review of the submittal, the applicant is contacted by County staff.</p>
<input type="checkbox"/>	Inspections: <p>County staff will set up inspections. Inspections take place on the start and completion day of the road closure.</p>
<input type="checkbox"/>	Additional Information: <p>Functional classification maps can be found at: http://www.clackamas.us/engineering/maps.html</p> <p>Traffic counts can be found at: http://cmap.clackamas.us/traffic/</p>

Notes:



Road Closure Request

for Temporary Road Closures

Office Use Only:

RW#:

Log #:

ROAD INFORMATION

Road Name:

Road Location: (Address/Nearest Cross Street)

Reason for Closure:

Mark all days that apply:

Time & Date of Closure: Daily Closure M T W TH F S Su 24-Hour Closure

Start Date: _____ Start Time: _____ AM / PM End Date: _____ End Time: _____ AM / PM

The work zone shall generally provide access to local traffic and emergency vehicles at all times unless it is not possible to provide access. The applicant may request that the work zone be closed to local traffic and/or emergency vehicles under certain circumstances.

Work Zone OPEN to local traffic & emergency vehicles

Work Zone CLOSED to ALL Vehicles (including local traffic & emergency vehicles)

Reason: _____

Is the Road Inside an Incorporated City/State? Yes If yes, City/State _____ No

Note: Application must be made to the city/state if city or state streets are a part of the detour. Provide DTD Engineering with a copy of the city/state approval.

REQUESTOR INFORMATION (REQUIRED)

Business name:

Name:

Address:

City/State/ZIP:

Phone: ()

Email address:

24-Hour Contact Person:

24-Hour Contact Person Phone: ()

REQUIRED ATTACHMENTS

Construction Plans (1 set)

Traffic Control Plan (1 set)

Detour Route Map (1 set) (if applicable)

Applicable Fee

Certificate of Liability (1 set)

ALLOW 1-4 WEEKS FOR ENGINEERING APPROVAL

Fee due upon submittal: \$195

I understand that this temporary road closure request is subject to review and approval by County staff and that no closure will be allowed until approval is given and all stakeholders are notified and that it is the applicants responsibility for notifying affected utilities, garbage haulers, postal routes, schools, public transportation providers and emergency service providers.

Signature:

Print Name:

Date

OFFICE USE ONLY

Road Type: County Local Access

Road Number:

Related Permits:

Assigned Inspector:

Duffy Gehrts x4676

Dawn Hickson - x4682

Bruce Brown - x4709