

## **Delaware County Engineer's Office**

Chris Bauserman, P.E., P.S. County Engineer Robert M. Riley, P.E. **Chief Deputy Engineer** 

**ROAD CLOSING PERMIT APPLICATION** 

Allow 5 days for approval of permit.

Company Name			
Contact Person (24 hr a	wailability)		
Mobile Phone		Home Phone	
Alternate Contact			
Mobile Phone		Home Phone	
Company Address			
Office Phone		Office Fax	
Location of Closure		OWNSHIP ROAD IS TO BE CLOSED OR USED AS A DETOUR, ., IN WRITING, IS REQUIRED.	, THE TOWNSHIP'S
Road Name	AFFROVAL	Road #	
Township			
Reason for Closure			
Nearest Intersections			_
Nearest Resident Addre (Both sides of Closure)	esses		
Dates Requested:	Close on	Open on   MM/DD/YY	
	***Appli	icant must call (740) 833-2400 when road has been re-opened.	
	Detour	plan must be submitted with this application for approval.	
	(Indicat	e signage as per ODOT Traffic Control Manual-Latest Edition)	
	Signage	e must be posted a minimum of three (3) days prior to closure.	
Applican	it agrees to save	Delaware County harmless from all damage claims caused by the permi	itted work.
	1610 State	Route 521, P.O. Box 6008, Delaware, Ohio 4301 (740) 833-2400	5
		E-Mail: <u>delcoeng@co.delaware.oh.us</u>	