



City of Pickerington

Lane Closure Application

SECTION 1

DATE OF APPLICATION _____

Bond on File Yes No N/A **PERMIT #** _____

Cert. of Ins. on File Yes No N/A **PERMIT VALID DATE(S)** _____

SECTION 2

APPLICANT

Organization Name _____

Address _____ Office Phone # _____

City _____, State _____ Zip _____ Fax # _____

Contact Name _____ Cell Phone # _____

CONTRACTOR (if different than Applicant)

Organization Name _____

Address _____ Office Phone # _____

City _____, State _____ Zip _____ Fax # _____

Contact Name _____ Cell Phone # _____

SECTION 3

PROJECT DESCRIPTION

PROJECT LOCATION

PROPOSED CONSTRUCTION SCHEDULE **START DATE** _____ **FINISH DATE** _____

Details: _____

PURPOSE: Repair Replacement New Installation Other

DRAWING OR ENGINEERING PLANS ATTACHED, showing location, proposed work, and existing utilities within work area, to be incorporated as Exhibit A.

GENERAL NOTES ATTACHED, to be incorporated as Exhibit B.

APPLICANT SIGNATURE _____

Applicant Printed Name _____

Pursuant to Section 412 of the Pickerington City Code, any violation of this permit can and will be prosecuted to the fullest extent of the law.

Approved _____
 Not Approved _____ **City Engineer**

Approved _____
 Not Approved _____ **Chief of Police**