



MOUNT JOY BOROUGH ROAD/LANE CLOSURE PERMIT APPLICATION

THIS APPLICATION SHOULD BE ACCOMPANIED BY A GIS OR SATELLITE IMAGE DISPLAYING
PROPOSED WORK AREA AND CLOSURE WITH DETOURS OR LANE CLOSURES

SITE INFORMATION:

WORK SITE ADDRESS:

REASON FOR CLOSURE:

NAME OF STREET TO BE CLOSED:

START INTERSECTION END INTERSECTION

APPROX LENGTH/LINEAR FOOT OF CLOSURE CLOSURE TYPE: FULL PARTIAL

WORK DATE(S) START END WORK TIME(S): START END

MOUNT JOY BOROUGH ORDINANCE ALLOWS WORK BETWEEN 7AM AND 8PM MONDAY THROUGH SATURDAY, EXCEPT FOR EMERGENCY WORK

SITE CONTACT:

CONTACT PERSON: CELL PHONE:

EMAIL:

CONTACT INFORMATION:

APPLICANT: CELL PHONE:

COMPANY: BUSINESS PHONE:

ADDRESS:

EMAIL:

ADDITIONAL INFORMATION:

IS THIS PART OF A STREET OPENING OR EXCAVATION? YES: NO: (IF "YES" - A STREET OPENING PERMIT IS NEEDED, SEE BOROUGH CODES DEPT.)

WILL EQUIPMENT OR MATERIAL BE LEFT ON SITE? YES: NO: (IF "YES" - A TEMPORARY OBSTRUCTION PERMIT IS NEEDED, SEE BOROUGH CODES DEPT.)

ATTESTATION AND SIGNATURE:

I THE SIGNED DO HEREBY ATEST TO THE TRUTH AND ACCURRACY OF THIS INFORMATION AND AGREE TO ABIDE BY ALL RULES AND GUIDELINES SET FORTH IN THE MOUNT JOY BOROUGH WORK ZONE TRAFFIC CONTROL POLICY

SIGNATURE

PRINT NAME

BOROUGH USE:

APPROVED: _____ DENIED: _____ MODIFIED: _____ APPROVED BY: _____ DATE _____