APPLICATION FOR PERMIT
TEMPORARY STREET OR LANE CLOSURE

Application Date: __________________________________________
Street Name: ________________________________________________

This application should be submitted no later than 5 business days prior to the requested dates of closure.
This is to allow adequate time for review of the requested closure, notification period to the public for changing traffic patterns, and for emergency response providers to prepare for route changes.

This application is required for all of the following situations:
1. Closure of local or residential and low volume streets that require a detour route.
2. Closure of any lanes or street designated as collector street or higher, or that have higher volumes of traffic
   • Street designations can be found on the Master Street Plan Map at http://gis.fayetteville-ar.gov/GISPage/Master_Street_Plan/

It is not necessary to complete this application for lane closures on local or residential low volume streets where flagmen will be utilized to maintain two way traffic. This application should not be used for street closures related to Special Events. Permits associated with Special Events can be found at http://ar-fayetteville.civicplus.com/754/Special-Event-Permits-Information

Closure Information:
Requested Date(s) of Street / Lane Closure: From: _______ To: _______
Including Weekends?: _______ Saturday [ ] No [ ] Yes _______ Sunday [ ] No [ ] Yes
Requested Time(s) of Street / Lane Closure: From: _______
Street(s) and/or Lane to be closed: _______
Between: _______ and _______
To: _______

Will the Closure require a detour? [ ] No [ ] Yes
If yes, which street(s) will be used for detour: ____________________________

Reason for Closure: (Check all that apply)
[ ] Utility Construction  [ ] Driveway Construction  [ ] Sidewalk / Trail Construction  [ ] Pavement Repairs  [ ] Maintenance
[ ] Drainage Improvements  [ ] Landscaping Installation  [ ] Other: ____________________________

Additional Information: __________________________________________

Will the closure occur on streets with active transit routes: (Check all that apply)
[ ] Razorback Transit (List Which Route) _______  [ ] Ozark Regional Transit (List Which Route) _______

*Razorback Transit Routes can be found at the following link: http://parking.uark.edu/transit-services/transit-operations/maps-and-schedules.php
*Rozark Regional Transit Routes can be found at the following link: http://www.ozark.org/index.php/schedules-maps

www.fayetteville-ar.gov
113 W. Mountain Street
Fayetteville, AR 72701
Will the closure occur on or near a State Highway? □ No □ Yes *(If yes, include copy of AHTD permit)*

*Closures within Arkansas Highway and Transportation Department (AHTD) jurisdiction require separate approval prior to submittal of this application. Contact – AHTD District 4 Permit Officer (479-484-5306)*

All Street and Lane Closures require a site map depicting the exact area to be closed, along with all applicable detour information and proposed signage in accordance with MUTCD guidelines.

Map Included? □ No □ Yes

**Applicant Information:**

Name: __________________________ Organization: __________________________

Address: __________________________

Phone: __________________________ Cell: __________________________ Fax: __________________________

E-mail: __________________________

Hold Harmless Clause:

The City shall not be liable to applicant's employees, agents, invitees, licensee, visitors, or to any other person, for injury to person or damage to property caused by the negligence or misconduct of user, its agents, servant or employees. The applicant agrees to indemnify and hold harmless the City from any loss, attorney's fees, and expenses or claims arising out of any such damage or injury. The City reserves the right to revoke this application at any time.

The application ensures compliance with the following:

- The observance of applicable laws and ordinances;
- Any stipulations or restrictions of the permit;
- The applicant assumes all liabilities that may arise by street closing or related activity.
- The applicant will notify all adjacent properties impacted by the street closure.
- The applicant will maintain temporary access to private properties throughout construction.

I do hereby agree to all terms and stipulations as listed in this application:

_________________________ _______________________
Signature Date

This application should be completed and submitted to the City of Fayetteville Engineering Division for review; email application to: engineering@fayetteville-ar.gov. For questions, please contact the engineering division at 479-575-8206 or in person at 125 W. Mountain St., Fayetteville, AR 72701.

**Approval of Temporary Street or Lane Closure Permit**

**Review and Approval Process:**

- Applicant shall complete and submit this application to the Engineering Division as described above.
- The Engineering Division will review the application for completeness and effect on the street network, and will provide comments back to the applicant upon review.
  - Input from other divisions/entities will be requested from Engineering on a case by case basis prior to approval, e.g. when other city services are impacted, for long term closures, high traffic areas, university impacts, transit route impacts, etc.
- After receiving input from other divisions/entities, the City Engineer (or designee) will either approve or deny the closure and notify the applicant within 3 business days of the application date.

□ Approved □ Denied

_________________________ _______________________
City Engineer (or designee) Date

**A copy of this permit must be kept on site at all times during the street or lane closure.**