



**Contra Costa County
Public Works
Department
APPLICATION AND PERMIT CENTER**

PERMIT FEE \$ _____ PERMIT NO.: _____
 RECEIPT NO.: G- _____ ROAD NO.: _____
 APPLICATION DATE: _____ ROAD NAME _____
 APPROVAL DATE: _____ AREA: _____
 TBM: _____

ROAD CLOSURE PERMIT

Rev 2/24/15

PERMITTEE: _____ CONTACT PERSON: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

CITY/STATE/ZIP: _____ FAX NUMBER: _____

PURPOSE: _____

LOCATION: _____

TIME LIMIT: DATE: _____ TO: _____ INCLUDING SATURDAY(S) AND SUNDAY(S) YES NO

HOURS: _____ (AM/PM) TO _____ (AM/PM)

TYPE OF INSTALLATION: TRAVERSE TO ROAD LONGITUDINAL TO ROAD

For Office Use

TYPE OF CLOSURE:

- COMPLETE CLOSURE TO ALL TRAFFIC 24-HOURS EACH DAY
- PARTIAL CLOSURE 24-HOURS EACH DAY.
- COMPLETE CLOSURE TO THROUGH TRAFFIC DURING WORKING HOURS.
- PARTIAL CLOSURE TO THROUGH TRAFFIC DURING WORKING HOURS.
- CLOSE ROAD TO THROUGH TRAFFIC, ALLOWING LOCAL AND EMERGENCY TRAFFIC AT ALL TIMES.
- EMERGENCY VEHICLES WILL BE ALLOWED PASSAGE AT ALL TIMES.

<input type="checkbox"/> Work Completed	Inspector: _____
<input type="checkbox"/> Expired	Date: _____
<input type="checkbox"/> Looks OK – No Inspection Requested	

REQUIREMENTS:

- PROVIDE AN INSURANCE RIDER NAMING CONTRA COSTA COUNTY, ITS OFFICERS, EMPLOYEES AND AGENTS AS ADDITIONALLY INSURED IN THE AMOUNT OF ONE MILLION DOLLARS GENERAL COMMERCIAL AND AUTOMOBILE LIABILITY.
- SIGNED DETOUR VIA NEIGHBORING STREETS.
- SIGNED DETOUR AS PER PLAN FILED WITH THE PUBLIC WORKS DEPARTMENT.
- BOND: (CASH SURETY) AMOUNT: \$ _____ RECEIPT NO.: G- _____
- OTHER: _____

CONDITIONS:

1. The permittee shall notify any Fire Districts, the Highway Patrol, the Sheriff's Office, any School Districts, the Postal Service, and all utilities and newspapers affected by the closure, and shall comply with the requirements of the ordinance code of Contra Costa County, Title 10, and specifications relating thereto, and the policy on road closures.
2. All signing shall be in accordance with the most current edition of the California Manual on Uniform Traffic Control Devices.
3. The permittee shall notify all property owners affected by the road closure.

Items Attached or Referred to Herein and Made Part Hereof: _____

The Permittee agrees to save, indemnify and hold harmless the County of Contra Costa, its officers, employees and agents from all liabilities imposed by law by reason of injury to or death of any person(s) or damage to property, including without limitation liability for trespass, nuisance or inverse condemnation, which may arise out of the work covered by this permit and does agree to defend the County, its officers, employees and agents against any claim or action asserting such a liability. Accepting this permit or starting any work hereunder shall constitute acceptance and agreement to all the conditions and requirements of this permit and the ordinance and specifications authorizing issuance of such permit.

Signature of Permittee: _____ Date: _____

Print Name: _____

By: _____ Date: _____

Robert B. Hendry III, Permit Technician

For: Julia R. Bueren, Public Works Director, Contra Costa County

G:\enqsvc\Permit Center\Forms for Web\Road Closure Permits\Road Closure Permit

"Accredited by the American Public Works Association"

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