

# APPLICATION FOR ROAD CLOSURE PERMIT



PERMITTEE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
UTILITY COMPANY/PROPERTY OWNER – PLEASE PRINT (AREA CODE) PHONE NUMBER

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

I hereby agree, as a condition of the granting of this permit to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of the granting of this permit from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Permittee's indemnification obligation applies to the indemnitees' "active" as well as "passive" negligence but does not apply to the indemnitee's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

I hereby acknowledge that all information submitted above is correct to the best of my knowledge and I understand that if any information submitted changes then it is my obligation to notify Transportation Permits immediately, and any falsified information may result in a Stop Work Notice, revoking of a permit, violation fees and/or bar me from future permits.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PERMITTEE SIGNATURE OR AUTHORIZED AGENT SIGNATURE \*

PRINT NAME \_\_\_\_\_

**\*By Permittee's authorized agent signing the above, the permittee has agreed to all of the terms and conditions mentioned above.**

TRAFFIC CONTROL CONSULTANT/CONTRACTOR \_\_\_\_\_ CONTRACTOR'S LICENSE NO. \_\_\_\_\_  
BUSINESS NAME EXPIRATION DATE

MAILING ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

CONTACT FOR PLAN CHECK COMMENTS \_\_\_\_\_ PHONE \_\_\_\_\_  
FIRST NAME LAST NAME (AREA CODE) PHONE NUMBER

**24 HOUR EMERGENCY CONTACT\*\*** \_\_\_\_\_ **24 HR PHONE** \_\_\_\_\_  
FIRST NAME LAST NAME (AREA CODE) PHONE NUMBER

\*\*Please note the 24 Hour Field Contact will be posted on the County of San Bernardino website for public information.

**DATE AND WORK HOURS OF ROAD CLOSURE:** Except for emergency repairs, no work shall be performed within County road right-of-way on weekends, County holidays, before 7 AM or after 4:30 PM unless authorized by the Permit Engineer. Emergency work which requires immediate attention may be initiated per section 4216, subsection d, of the Government Code.

START DATE (mm/dd/yy) \_\_\_\_\_ END DATE (mm/dd/yy) \_\_\_\_\_  
**A minimum of 7 days notification to the public is required for any road closure. Road Closure date may be affected if notification not properly made.**

ROAD CLOSURE WORK HOURS: \_\_\_\_\_  
INCLUDE DAILY HOURS FROM START TO END (EX: 08:00 AM TO 04:30 PM, RESIDENTIAL HOURS WILL DIFFER FROM COMMERCIAL)

DOES THE DATE AND HOURS ABOVE INCLUDE:  NIGHTS  WEEKENDS AND/OR HOLIDAYS

## LOCATION:

LOCATION OR ROAD THAT WILL BE CLOSED \_\_\_\_\_

CROSS STREET \_\_\_\_\_  
START POINT OF ROAD CLOSURE END POINT OF ROAD CLOSURE

CITY/COMMUNITY \_\_\_\_\_

**COUNTY OF SAN BERNARDINO-DEPARTMENT OF PUBLIC WORKS - ROAD PERMIT SECTION**  
**825 E. THIRD STREET, ROOM 108**  
**SAN BERNARDINO, CA 92415**  
**PHONE: 909-387-1863**  
**FAX: 909-387-8043**

# APPLICATION FOR ROAD CLOSURE PERMIT

**DESCRIPTION OF WORK** (WHY IS THIS ROAD CLOSURE NECESSARY) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAN 1 LANE OF TRAFFIC REMAIN OPEN WITH THE USE OF **FLAGGERS**? IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

CAN A SHOO-FLY BE USED TO ALLOW TRAFFIC TO BYPASS CLOSURE? IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

WOULD KEEPING THE ROAD OPEN CAUSE ANY SAFETY HAZARDS FOR TRAFFIC OR THE CONSTRUCTION CREW? \_\_\_\_\_

\_\_\_\_\_

IF EXCAVATING, WHAT IS THE DEPTH OF EXCAVATION? \_\_\_\_\_

PAVED ROAD WIDTH: \_\_\_\_\_ ROAD R/W WIDTH: \_\_\_\_\_ IS THERE CURB OR SHOULDER? \_\_\_\_\_

## **DETOUR ROUTE AND ACCESS:**

Traffic Control shall be in accordance with the latest edition of the Manual on Uniform Traffic Control Devices (MUTCD). Traffic Control Plans with detour are required with submittal of application and fees.

WILL AFFECTED RESIDENTS/BUSINESSES HAVE ACCESS AT ALL TIMES?  YES  NO IF NO, PROVIDE EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

WILL EMERGENCY SERVICES HAVE ACCESS THROUGH THE ROAD CLOSURE?  YES  NO IF NO, PROVIDE EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

WILL EMERGENCY SERVICES HAVE ACCESS TO AFFECTED RESIDENTS/BUSINESS WITHIN ROAD CLOSURE LIMITS?  YES  NO

IF NO, PROVIDE EXPLANATION: \_\_\_\_\_

WILL PEDESTRIANS HAVE SIDEWALK ACCESS WITHIN THE LIMITS OF THE CLOSURE?  YES  NO IF NO, PROVIDE EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

**LIST DETOUR ROUTE:** \_\_\_\_\_

\_\_\_\_\_

LENGTH OF DETOUR (in miles) \_\_\_\_\_

## **OFFICE USE ONLY:**

**PERMIT NUMBER:** \_\_\_\_\_

ADT: \_\_\_\_\_

FLAGGERS TO BE USED:  YES  NO

SHOO-FLY TO BE USED:  YES  NO

EXISTING NEARBY DETOURS:  YES  NO

SAFETY HAZARD  YES  NO

ROAD CLOSURE ON: CMRS  COUNTY NON-MAINTAINED  CITY  PRIVATE  OTHER  \_\_\_\_\_

DETOUR ON: CMRS  COUNTY NON-MAINTAINED  CITY  PRIVATE  OTHER  \_\_\_\_\_