



**City of Mishawaka
DEPARTMENT OF ENGINEERING**

100 Lincolnway West
Mishawaka, IN 46544
Phone: 574-258-1619
Fax: 574-258-1776

DETAILS OF STREET CLOSURE REQUEST FORM

*** REQUIRED 5 CALENDAR DAYS BEFORE THE REQUIRED 48HR PUBLIC NOTICE ***

<input type="checkbox"/> Partial/ One Lane		<input type="checkbox"/> Full Road Closure		<input type="checkbox"/> Right-of-way		<input type="checkbox"/> Sidewalk Closure			
Submission Date:						<input type="checkbox"/> Original		<input type="checkbox"/> Revision	
Applicant					Phone #		Fax #		
Permit #									
Street									
Location(s)		From:			To:				
Date(s)		From:			To:				
Time(s)		From:			To:				
Contractor Performing Work									
On-Site Contact							Phone #		
Work to be Performed :									
Company Responsible for Restoration:									
Name:							Phone #:		
Reason for Closure:									
Attach the following items:									
<input type="checkbox"/> Traffic Control Plan		<input type="checkbox"/> Detour Plan		<input type="checkbox"/> Barricades, Signs, Flashers or Other Signage Details					
Anticipated Impacts :									

OFFICE USE ONLY

Approved Approved as noted Revise Revise as noted

Authorized Signature: _____ **Date:** _____