OAKLEY	CITY OF OAKLEY ROAD CLOSURE PERM PUBLIC WORKS AND ENGINED DEPARTMENT 3231 MAIN STREET OAKLEY, CA 94561	ERING	ROAD CLOSURE PERMIT
PH. (925) 625-7037 FAX (925) 625-9194 ROAD CLOSURE PERMIT For Office Use			
Application Date:	Thomas Guide Map Page	<u>.</u>	Permit No.:
Application Approved:			Road No.:
Permit Fee: \$ <u>52.00</u>	Receipt No.:		Inspector Area.:
Applicant:		Contractor:	Contractors License #
Att'n:		Att'n:	Contractors License #
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Tel No:	Fax No:	Tel No:	Fax No:
Purpose:			
Location:			
Time Limit:: Date: To: Including Saturday(s) and Sunday (s) Yes No Hours: (AM/PM) To: (AM/PM)			
Type of Installation: Transverse to Road Longitudinal to Road			
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. Requirements:			
 Provide an insurance rider naming the City of Oakley, 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.: Other 			
newspapers affected by the relating thereto, and the p 2. All signing shall be in acc	e closure, and shall comply with the req	uirements of the ordinance f the State of California Mar	School Districts, the Postal Service, and all utilities and code of the City of Oakley, Title 10, and specifications nual of Traffic Controls.
Items Attached or Referred to Herein and Made Part Hereof:			
of injury to or death of any per arise out of the work covered b liability. Accepting this permit	son(s) or damage to property, including by this permit and does agree to defend	without limitation liability for the City, its officers employed institute acceptance and agree	ees and agents from all liabilities imposed by law by reason or trespass, nuisance or inverse condemnation, which may ees and agents against any claim or action asserting such a ement to all of the conditions and requirements of this
Signature of Permittee: Date:			
Print Name:			
By: Date:			
For: City Engineer, City of	5		
Work Completed Expired Inspector: I:\Eng'g Forms\Road Closure Permit.doc Looks OK – No Inspection Requested Date: Revised 11/2/2015			