## **DeKalb County Lane Closure Permit**

|  | is  | requesting permission  | from DeKalb County   |
|--|---|--|--|
| Transpo  | ortation Division to close one  | e lane of  | between  |
|  |   | _ and  | roads.   |
| This la  | ne closure for: Month   | Day  | Year   |
| The pur  | rpose of this closure is for wo   | ork  |  |
| for and<br>person<br>comply<br>rules ar<br>and reg | signature below, I agree to refrom any liabilities for persoin connection with any activity with the following DeKalb and regulations, as well as any ulations provided in the U.S. Control Devices for Streets and H | onal injuries or property<br>ities for which this perm<br>County Transportation I<br>United States Departme<br>Department of Transport | damage sustained by any nit is used. I also agree to Division and State of Georgia ent of Transportation rules |
| 1.   | Provide a traffic control p<br>that meets established sta<br>circumstances that may re  | ndards mentioned abo   | ve. Note any special   |
| 2.   | Partial road closures are all<br>through Friday. Between cl<br>that will maintain the safety  | osures the road will be  | put back to County standards   |
| 3.   | •   | rther understand that De   | s and are to be maintained foeKalb County may suspend quirements.  |

4. A copy of this permit and traffic control plan must be on site during closure.

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| Requested by:   |  |                   |                   |  |
|---|--|-------------------|-------------------|--|
| (Print name)  |  | (Date of request) |                   |  |
| (Signature)   |  | (Fax number)      |                   |  |
| (Title / Company)   |  | (Telephone        | Telephone number) |  |
| For Department Use On   | ly   |                   |                   |  |
| Request Approved  | Approved with mo                             | difications       | Rejected          |  |
| Comments:   |  |                   |                   |  |
|   |  |                   |                   |  |
|   |  |                   |                   |  |
| Utilities Coordinator:<br>Ledrous Brown<br>Fax Number<br>Administration | 770-492-5259<br>770-492-5201<br>770-492-5206 |                   |                   |  |
| (Approving Signature)   |  | (Date             | e Approved)       |  |

This permit is valid for thirty (30) days from the date of approval. Call 24 hours in advance to activate permit.