

## CITY OF DICKINSON

## **Engineering Department**

99 2<sup>ND</sup> STREET EAST · DICKINSON, ND 58601 Phone: 701.456.7020 www.dickinsongov.com

## **Application for Street Closure for Construction**

(Application must be received at least 7 days prior to closing) Fees: \$100 residential/ \$500 commercial

Applicant Contact Information:
Applicant's Name:
Company:
Address:
Phone Number:
Email Address:
Contractor Contact Information: (☐ SAME AS ABOVE)
Contractor Name:
Company Name:
Address:
Phone number:
Email Address:
Project Information:
Project Location/Address:

Nature of Project:		
Traffic Control Plan/Detour Route show the lane width):	e: (* Please provide map of proposed detour route. If partial closing	J –
Dates of Street Closure:		
Start date:	End date:	
I agree to abide by the laws, ordi	nances, and regulations pertaining to this license.	
Signature:	Date:	
Approved by:		
City Engineer	Date:	