



City of Laramie
Community Development Department
P.O. Box C
Laramie, WY 82073

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OFFICE OF THE CITY ENGINEER
STREET CLOSURE REQUEST

Company Name: _____

Requestor: _____

Address: _____ Phone Number: _____

The following public right-of-way is requested to be closed for the period shown:

_____ Street/Avenue/Alley

From _____ Street/Avenue/Alley

To _____ Street/Avenue/Alley

Closure to begin: _____ (mm/dd/yy: time of day)

Anticipated to be re-open: _____ (mm/dd/yy: time of day)

Type of work to be performed: _____

-

Approval & Notices:

Traffic Control Plan (attach to Excavation Permit Application)

Received: yes no

Street Closure/Traffic Control Plan:

Approved by: _____ Date: _____

Submitted to LARC: _____ (mm/dd/yy) by: _____

(attach fax verification, if applicable)