



Construction Road Closure Permit

11207 Proverbs Ave, 70816

225-228-3200

Engineering@stgeorgela.gov

StGeorgeLA.gov

This Permit is not a permit for work*

Contractor is fully responsible for any accidents during or related to the lane closure*

Approved St. George Permit Number: _____

Address of Proposed Work: _____

Contact Information

Applicant's Contact Information

Title:____ First Name:_____ Last Name:_____ Suffix:_____

Business Name:_____ Mailing Address:_____

City:_____ State:_____ Zip:_____ Email Address:_____

Cell Phone:_____ Work Phone:_____ Home Phone:_____

Contractor's Contact Information

Title:____ First Name:_____ Last Name:_____ Suffix:_____

Business Name:_____ Mailing Address:_____

City:_____ State:_____ Zip:_____ Email Address:_____

Cell Phone:_____ Work Phone:_____ Home Phone:_____

On Site Contractor's Contact Information

Title:____ First Name:_____ Last Name:_____ Suffix:_____

Business Name:_____ Mailing Address:_____

City:_____ State:_____ Zip:_____ Email Address:_____

Cell Phone:_____ Work Phone:_____ Home Phone:_____

Temporary Traffic Control Contractor's Contact Information

Title:____ First Name:_____ Last Name:_____ Suffix:_____

Business Name:_____ Mailing Address:_____

City:_____ State:_____ Zip:_____ Email Address:_____

Cell Phone:_____ Work Phone:_____ Home Phone:_____



Applicant Questionnaire (* denotes required question)

Construction Street Closure

From Date and Time of Work* _____

To Date and Time of Work* _____

Type of Closure (Select One)* Full Closure Partial Closure

Types of Full Closures (Select All That Apply)*

24 Hour Closure Emergency Vehicles May Pass Thru During Non-Work Hours

Emergency Vehicles May Pass Thru While Workers Are Present

Emergency Vehicles Must Use Alternate Route

Types of Partial Closures (Select All That Apply)*

Flagging Operations Lane R/W Work, Side Of Road Shoulder/Parking Lanes

Sidewalk, Side Of Road

Description of Work* _____

Type of Work (Select One)* City Work Private Work

Types of City Work (Select All That Apply)*

Bridge Repair/Replacement Emergency Roadway Emergency Wastewater MoveBR

Road Rehabilitation Program SSO Program Other

Types of Private Work (Select One)*

Railroad Utility Other

Contractor's Daily Work Hours - From and To* _____

Alternate/Detour Route _____

Temporary Traffic Control Devices Provided By (Select One)*

Applicant Police Control Temporary Traffic Control Contractor Other

Specify* _____

Road Closure Permit Requirements (Acknowledgement)*

- 1- Closure Is Not Permitted Unless Notified By the St. George Engineering Department;
- 2- All Traffic Control Devices Shall Be In Accordance With The 2009 Edition Of The MUTCD.;
- 3- Excluding Weekends And Emergencies, Advanced Notice Is Required - 48 Hours For Minor Roadways & 1 Week For Major Roadways;
- 4- Traffic Control Detour Plan, Sketch or Additional Information Shall Be Submitted Upon Request Of T.E.D.;
- 5- Notification To Residents By Contractor May Be Required Upon Request Of T.E.D.;



- 6- Traffic Devices Shall Be In Place Prior To Work,;
- 7- All Traffic Control Devices Shall Be Removed Immediately After Work Has Been Completed,;
- 8- All Changes From Information Given Shall Require Additional Approval By T.E.D; Approved Traffic control plan must be followed by contractor at all times during construction.

Check Here

Parking Meter Request

Parking Meter Request Needed? (Select One)* No Yes

If yes, answer the following questions:

Meter Numbers _____

From Date and Time of Request _____

To Date and Time of Request _____

Documents Requested (* denotes required document)

The Jurisdiction requests that the following documents are attached to your application:

Any Additional Supporting Documents

Traffic Control Plan *

Copy of Building Permit *

Hold Harmless Agreement*

