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| TRANSPORTATION CLOSURE FORM(Streets, Sidewalks, Bike Paths & Bike Parking) |
| **Date Submitted:** Click or tap to enter a date. |
| **Street(s), Sidewalks, Bike Path or Parking to be Closed:** Click or tap here to enter text.**Intersecting Streets which are affected or define limits of closure:** Click or tap here to enter text. |
| **Reason for Closure:** Click or tap here to enter text. |
| **Project On-Site Contact Person:** Click or tap here to enter text.**U of I Project Manager (PM):** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text.**U of I PM Phone Number:** Click or tap here to enter text. |
| **Date of Closure:** Click or tap to enter a date. | **Expected Time of Closure:** Click or tap here to enter text. |
| **Date of Re-opening:** Click or tap to enter a date. | **Expected Time of Re-opening:** Click or tap here to enter text. |
| **Work Order No. (if used):** Click or tap here to enter text. | **CDB Contract No.:** Click or tap here to enter text. |
| **Is Traffic re-routing necessary?** Choose an item. | **If so, who should be involved?** Click or tap here to enter text. |
| **Will Pedestrian/bicycle traffic be affected?** Choose an item. | **If so, will the sidewalk be closed?** Choose an item. |
| **Will ADA audible/visual warnings and barriers be provided?** Choose an item. | **Will pedestrian traffic be routed safely?** Choose an item. |
| **Are additional safety precautions needed?** Choose an item. |
| Please provide a diagram noting signage, re-routing, safety features, etc. with related explanations. **Diagram required.** |
|  Yes No[ ] [ ] Is barricading required? If so, indicate the barricade locations on the diagram. You must contact the F&S Service Office to submit a barricade service request[ ] [ ] Will Facility & Services staff place the barricades?If the barricades will be placed by others, give the name of person responsible and the telephone number:Click or tap here to enter text.[ ] [ ] Will police be necessary to direct the traffic? If so, name jurisdiction times, dates and location of each officer needed: Click or tap here to enter text.[ ] [ ] Will this street closure affect University of Illinois parking meters on the street or in the parking lots in this area?  If so, you **MUST** contact the Parking Department at 333-3530 as there may be a fee assessed. [ ]  [ ]  Will MTD, DRES or other bus route re-locations be necessary? If so, coordinate with affected agency.  Record name and date of discussion with agency representative:Click or tap here to enter text. [ ]  [ ]  Will deliveries be permitted? **If so, how will access be controlled?** Click or tap here to enter text. |
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| **Date approved:** Click or tap to enter a date. **Approved By:** Click or tap here to enter text. |
| Transportation Systems Manager (TSM): Stacey DeLorenzo · Phone: (217) 300-1750 · fandscampustdm@illinois.edu |