



Indicate  
"North" Arrow

Contractor Name: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_

Purpose for Closure: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Taper length according to posted speed limit:

30 MPH, 10ft Offset, 150' minimum

35 MPH, 10ft Offset, 205' minimum

40 MPH, 10ft Offset, 265' minimum