

# The County of Yuba



915 8th STREET, SUITE 125  
MARYSVILLE, CALIFORNIA 95901

DEPARTMENT OF PUBLIC WORKS

MICHAEL LEE, DIRECTOR

(530) 749-5420  
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## REQUEST FOR ROAD CLOSURE

County of Yuba Encroachment Permit Number \_\_\_\_\_

Requested Road/Street Name (Submit a plan showing the proposed location with description of work) \_\_\_\_\_

### BILLING INFORMATION:

Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

### REQUESTS FOR DAY CLOSURE (Road must be open by 4:00 pm)

Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:

**Note:** Road closures not reopened by 4:00 pm will be charged at the 24 hour continuous closure rate

### REQUESTS FOR 24 HOUR PER DAY CONTINUOUS CLOSURE

Start Date:	Start Time:
Finish Date:	Finish Time:

### FEE

Total Hours of Closure _____ x \$70 Hourly Fee =	\$
Total Days of Closure _____ x \$2400 Daily Fee =	\$
<b>Balance due the County</b>	<b>\$</b>

I understand that as a representative of the Requestor, by signing this form I am agreeing that the Requestor will pay to the County of Yuba for the privilege of closing a County Road as calculated above. Calculations will be rounded up to the nearest hour. I further understand that the road shall only be closed for the duration of the agreed dates and times as indicated on this form. Any and all repairs resulting from damage to this road and / or other roadways due to the re-routing of traffic shall be reimbursed in full to the County.

Requestor Signature \_\_\_\_\_

Date \_\_\_\_\_

(Official Use Only)

Accept /  Deny \_\_\_\_\_

Signature

Date