



Full Road Closure Notification Form

Engineering Department
303 East "B" Street
Ontario, CA 91764
Tel: 909-395-2025
Fax: 909-395-2122
Email: ENGCounter@ontarioca.gov

Date: _____

Applicant Name: _____
Cell Number: _____
Office Number: _____
Fax Number: _____
Email: _____

Contractor Name: _____
Cell Number: _____
Office Number: _____
Fax Number: _____
Email: _____

Engineering Inspector: _____

Encroachment Permit Number: _____

PURSUANT TO ISSUANCE OF AN ENCROACHMENT PERMIT/TRAFFIC CONTROL PERMIT, THE CONTRACTOR SHALL NOTIFY THE CITY A MINIMUM OF 15 BUSINESS DAYS PRIOR TO THE CLOSURE OF ANY STREET, BY SUBMITTING THIS FORM TO THE ENGINEERING DEPARTMENT IN PERSON, VIA FAX, OR EMAIL. UPON APPROVAL AND IN ACCORDANCE WITH THE APPROVED TRAFFIC CONTROL PERMIT, THE CONTRACTOR SHALL POST THE CLOSURE DATES AND TIME A MINIMUM OF 10 BUSINESS DAYS IN ADVANCE OF THE CLOSURE.

LOCATION

Street Name _____	Between _____	and _____
Direction [NB / SB / WB / EB] (circle more than one if required)		
Street Name _____	Between _____	and _____
Direction [NB / SB / WB / EB] (circle more than one if required)		

CLOSURE DATES AND TIME

Start Date _____		End Date _____
Day of Week	Start Time	End Time

DESCRIPTION OF WORK

For use by City Staff:

Approved By: _____

Date: _____

THIS FORM MUST BE APPROVED BEFORE PROCEEDING WITH THE CLOSURE. FAILURE TO COMPLY WITH THE NOTIFICATION REQUIREMENTS WILL RESULT IN AN IMMEDIATE ENCROACHMENT PERMIT SUSPENSION/TERMINATION OF WORK IN THE PUBLIC RIGHT OF WAY.