

[] Occupancy of Right-of-Way:

[] Location: _____

Estimated Start and Length of Closure: _____

Description of project (attach additional sheet if necessary): _____

Approved -

Yes

No

2. Applicant's Signature: _____
(Date)

3. Staff Signature: _____
(Date)

Application #: _____

Date(s) Advertised:

Filing Date: _____

Date of Meeting:

Fees Paid: _____

Board Action:

To Clerk's Office on: _____

Effective Date: