



CITY OF YAKIMA

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Temporary Right of Way Closure Application

Received on: _____ (FEES WILL BE DETERMINED PURSUANT TO 8.72.070 YMC)

APPLICATION #:

Minimum of Five (5) BUSINESS DAYS REVIEW TIME REQUIRED (2 DAYS FOR NOTIFICATION PROCESS)

APPLICANT: _____ WORK PHONE: _____

ADDRESS: _____ FAX OR EMAIL: _____

CONTACT PERSON: _____ ADDRESS: _____

LOCATION OF CLOSURE: _____

PURPOSE OF CLOSURE: _____

START DATE: _____ END DATE: _____

NUMBER OF TRAVELED LANES CLOSED / DIVERTED: _____

NUMBER OF ON-STREET PARKING STALLS AFFECTED: _____ PORTION OF

SIDEWALK WIDTH TO BE CLOSED: _____ FEET OUT OF _____ TOTAL FEET

REQUIRED ATTACHMENT

Please provide a sketch of the proposed traffic control for your work or construction site. Include actual number, layout and location of all traffic control devices which must comply with the Federal Manual on Traffic Control Devices (M.U.T.C.D.) for size, type, placement and material quality and reflectivity. The City of Yakima does not have the devices to rent nor loan.

It is the applicant's responsibility to notify, on a daily basis, the City of Yakima Fire Department at 575-6060, the general public through the media and any adjacent or nearby property owners, businesses or residents affected in any way at all of the start and completion dates and hours of the closure/diversion per this application.

The applicant must make sure that all required traffic control devices, including fully certified flagging personnel if needed, are in place before the work begins and are maintained for the duration of the closure/diversion. **Special parking permits for the CBD area may be obtained from Utility Customer Service, City Hall, 129 N 2nd Street, 1st floor, Yakima, 509-575-6080.**

I have read and agree to abide by the conditions of this permit including any and all requirements of Local, State and Federal laws.

SIGNATURE OF APPLICANT: _____ DATE: _____