



City of Bloomington

Department of Public Works

401 North Morton Street, Suite 120

Phone (812)349-3410

Email: Public.Works@Bloomington.IN.gov

Mailing Address:

P.O. Box 100

Bloomington, IN 47402

Street or Traffic Lane Closure Application

Please Note: It shall be the responsibility of the party closing a street, traffic lane, parking lane, bike lane, or sidewalk to provide all necessary signage and traffic control devices. All signage and traffic control devices must adhere to, and be placed in accordance with, the Manual of Uniform Traffic Control Devices (MUTCD). It is also the responsibility of the party requesting the closure to make all appropriate notifications to Emergency Services, and any organization designated by the City of Bloomington Public Works Department. A notification list is available from the Public Works Department. The party requesting closure agrees to indemnify and to hold the City of Bloomington or any of the City’s agents or employees harmless for any and all actions, losses or claims arising from the negligent act or omission by the party requesting closure of the public right of way.

Street(s): _____
(Address or block where closure or restriction begins)

Starting at: _____
(Address or block where closure or restriction begins)

Ending at: _____
(Address or block where closure or restriction ends)

Type of Closure (check all that apply): **Detour Route or MOT Required *** Alley, Sidewalk, Bike Lane
Complete Street Closure*, One Traffic Lane*, 2or more Traffic Lanes*, Parking Lane

Reason for Closure: Work on Sidewalk Work in Street Loading and Unloading Utility Work
Special Event Work on Private Property Other: _____

Date(s) of Closure: From _____ To _____

Start Time: ____: ____ a.m. / p.m.

Overnight Closure Required: Yes No

End Time: ____: ____ a.m. / p.m.

Responsible Party Information

Name or Organization: _____

Contact Person: _____ Contact Phone No.: _____

Contact Email: _____

Signature: _____ Date _____

For Office Use

Approved By: _____ Dept.: _____ Date: _____

Approved By: _____ Dept.: _____ Date: _____