



NORTH ARROW

STREET

LOCATION: _____

TYPE OF CLOSURE: _____

DATES OF CLOSURE: _____

NOTES:

ATTACHED TO ENGINEER'S AND ON SITE COPY OF THE APPROVED TRAFFIC CONTROL PLAN SHALL BE WRITTEN VERIFICATION THAT AFFECTED PROPERTY OWNERS, GARABAGE COLLECTION AND EMERGENCY COMMUNICATIONS CENTER HAVE BEEN NOTIFIED BY THE CONTRACTOR.

ALL SIGNS MUST CONFORM TO MUTCD.

ALL WORK MUST CONFORM TO THE REQUIREMENTS OF THE RIGHT-OF-WAY PERMIT.

APPLICANT

CONSTRUCTION MANAGER



TRAFFIC CONTROL FOR PARTIAL ALLEY CLOSURE

STANDARD PLAN:
TR - 140

CITY ENGINEER APPROVAL:
Longview: **C.B.**

DATE: **FEB. 2008**

Kelso: **S.Z.**