

**COBB COUNTY DEPARTMENT OF TRANSPORTATION
TEMPORARY ROAD CLOSURE PERMIT**

_____ is requesting permission from Cobb D.O.T. to close

to thru traffic between _____ and _____.

Actual point of closure is at _____.

Dates: _____ thru _____

Reason: _____

Please call 770-528-1686 to alert Cobb TMC when road is closed and again when reopened.

I agree to comply with the following Cobb D.O.T. rules and regulations pertaining to road closures listed below.

1. The required "notice of road closure" information signs shall be installed a minimum of fourteen (14) days prior to road closing. All detour signs shall be installed and covered at least three (3) days prior to closing the road.
2. All warning signs shall have high intensity grade sheeting. All signs larger than 36" X 36" shall be installed with dual support posts. All other signs shall be installed on single posts (with the exception of signs permitted on barricades per the approved road closing signing plan).
3. All Type III barricades shall have a minimum of two (2) Type A warning lights per barricade.
4. All signs are to be installed (as to height and lateral location) per the most current edition of the Manual of Uniform Traffic Control Devices and approved signing plan.
5. I understand it is my responsibility to install and maintain all signs, barricades, flashers, etc., in strict accordance with the M.U.T.C.D. and in accordance with the approved road closing signing plan approved by Cobb D.O.T. I also understand that Cobb D.O.T. has the right to amend the signing plan if field conditions warrant.
6. I understand that Cobb D.O.T. may suspend construction for any failure on my part to meet the above requirements. I further understand that in the event the permit is suspended I shall immediately perform any work to return the road to its original condition and remove all equipment from the right-of-way.

REQUESTED BY:

APPROVED BY COBB COUNTY

Signature and Print

Construction Engineer or Permitting Department

Phone No. (Available to Public)

Date

Emergency Phone Number (Available to Cobb Only)

Traffic Operations Supervisor

Title and Company

Signature/Operations Division Manager

Date

Date