# CITY OF GALVESTON

## REQUEST FOR NOTICE OF ROAD CLOSURE

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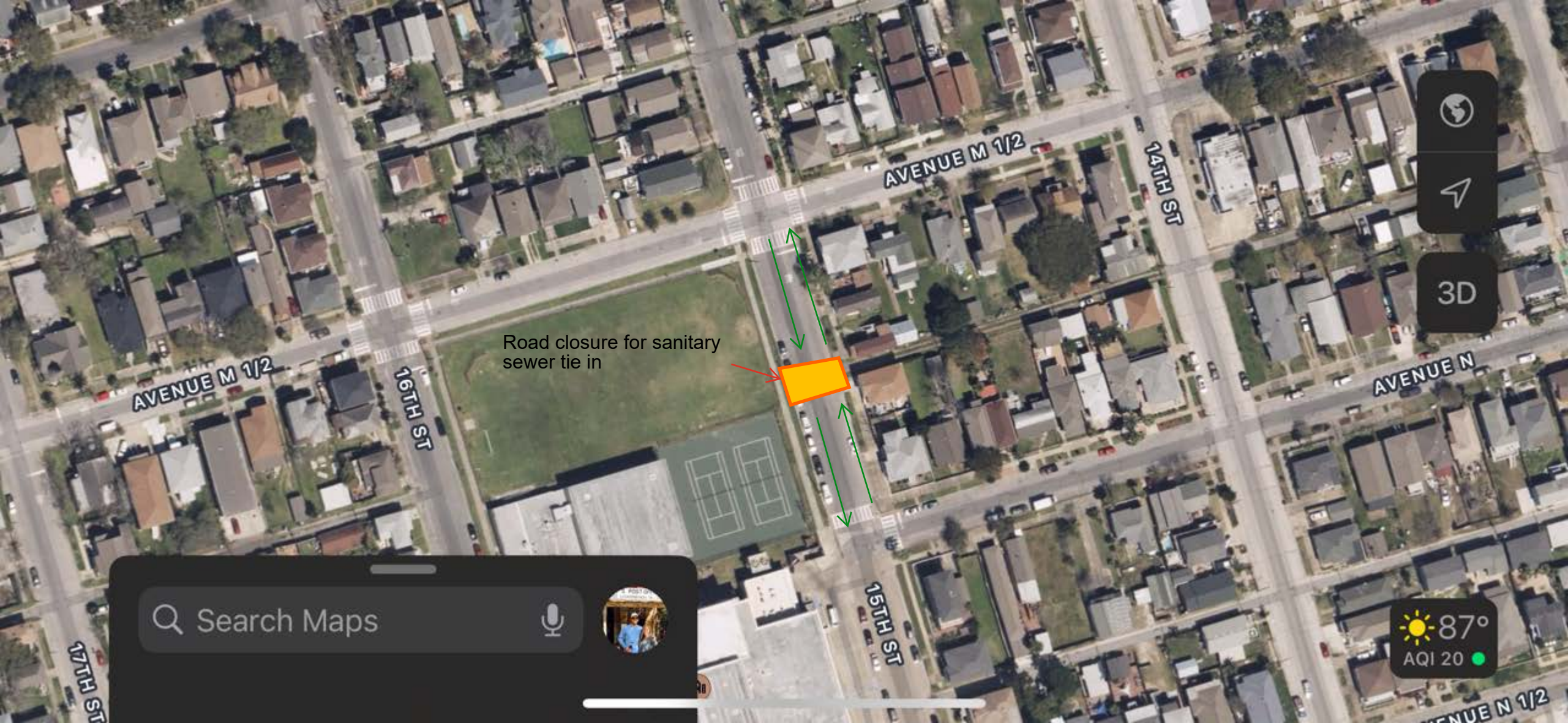
|---|---|
| **Duration of road closure:**<br>(1 day, 1 week, etc…) | 4 days |
| **Date(s) of road closure:** | Day Date thru Day Date<br>Friday 12/13 Monday 12/16 |
| **Will road closure include weekends?**<br>Yes ☑ No ☐ | **Time:**<br>From: 7:00am To: 6:00pm |
| **Address of road closure:**<br>15th St between Ave M 1/2 and N | **Reason for road closure:**<br>Asphalt Repair for Sanitary Sewer Crossing |
| **Will both lanes be closed or partial?**<br>Both ☑ Partial ☐ | If partial:<br>What side? _____<br>Will traffic control devices be on site? Yes ☑ No ☐ |
| **Will this closure impact local businesses?**<br>3-5 days advance notice to the businesses is required<br>Yes ☐ No ☑ | If so, which businesses?<br>_____<br>_____<br>Is there another entrance available?<br>_____<br>_____ |
| **Alley:**<br>If applicable, will alleyway be affected?<br>Yes ☑ No ☐ | If yes, how?<br>The alley entrance within the work zone will be closed<br>_____ |
| **Parking:**<br>Will residential parking be interrupted?<br>Yes ☐ No ☑ | If so, please explain:<br>_____ |
| **Door Hangers:**<br>Are door hangers needed?<br>Yes ☐ No ☑ | If so how many?<br>_____ |
| **Sanitation:**<br>Will garbage service be affected?<br>Yes ☐ No ☑ | If yes, where should residents place their trash?<br>_____ |
| Will bulk be cancelled during this time?<br>Yes ☐ No ☑ | Will Sanitation service this area first before work begins?<br>Yes ☐ No ☑ |

Please check if you would like to include any of the following in the notice:

____ **DO NOT WALK OR DRIVE IN THE CONSTRUCTION AREA.**
____ **NO STREET SIDE PARKING WILL BE ALLOWED UNTIL COMPLETION OF PROJECT.**
____ **PLEASE BE AWARE OF THE POSSIBILITY OF TRACKING OIL ONTO YOUR PRIVATE PROPERTY.**

**NOTES:** All local residnets within the block will have access to their driveways


Road closure for sanitary sewer tie in
AVENUE M 1/2
AVENUE M 1/2
16TH ST
14TH ST
15TH ST
17TH ST
AVENUE N
AVENUE N 1/2
3D
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