

ROAD CLOSURE NOTICE

THIS NOTICE MUST BE RECEIVED BY THE PUBLIC INFORMATION OFFICE TEN (10) WORKING DAYS BEFORE THE CLOSURE.

It is the responsibility of this administration to inform the public of the ongoing projects in Jefferson Parish. If the Public Information Office is not informed within the time frame required, PIO will be unable to disseminate the information to the media for publication.

1. Name of Roadway to be affected: _____
2. Project Number and Title: _____
3. Area of Closure (Name of city or unincorporated area): _____
4. Parish department (involved in project): _____
5. Contact Person: _____ Phone No.: _____
6. Contractor (involved in project): _____
7. Contact Person: _____ Phone No.: _____
8. Reason for closure: _____
9. Date closure begins: _____ Time closure begins: _____
10. Date closure ends: _____ Time closure ends: _____
11. Is this closure on a continuous basis (24 hours around the clock) or within certain hours daily or nightly? _____
12. **Exact location:** _____
13. Number of lanes to be closed and in which direction:

14. Written directions of detour routes, if applicable.

15. **Costs associated with project: (All projects have a cost, so do not leave blank *must be filled out)** _____
16. Date of Application: _____

A LEGIBLE MAP DEPICTING THE CLOSURE LOCATION MUST BE ATTACHED TO ALL REQUEST FORMS. The map should depict the major streets in the area as well as the impacted streets. If there is a detour for the project, the map must indicate the detoured areas. The map should not be larger than it would fit on a legal size sheet of paper (8 ½ x 14).

Approved by Department Director: _____ Date

Approved by Traffic Engineering: _____ Date

_____: Mark R. Drewes APPROVAL

MAJOR STREET CLOSURE (PARTIAL/TOTAL) CHECK LIST

Name of street to be closed _____
(Include Limits) _____

Department requesting closure _____

Anticipated closure date (s) _____

QUESTIONS TO ASK YOURSELF

RESPONSE

Yes No

- Is the roadway closure “**absolutely**” necessary _____
- Have you discussed matter with our Traffic Engineering Division _____
- Have you checked for other roadway closures (State Routes incl.) in the “**general**” vicinity of the project (present and future) If others exist, have you considered impact to general area _____
- Have you considered the impact of the roadway closure on the traveling public (motorists), businesses, schools, hospitals, etc... _____
- Have you seriously considered roadway closure during non-peak hour periods, weekend(s), at night, etc... in lieu of during weekday working hours _____
- Have you taken into account the impact of roadway closure during holidays (Thanksgiving, Christmas, etc...) and parade periods _____
- Have you developed a well thought traffic control plan to minimize inconvenience/ impact to motorists. This includes, but not limited to detours, advance warning signs, etc..... _____
- Have proper agencies (Fire Department, Schools, Hospitals, Postal Service, Trash Collection, Sheriff's Office, Transit, etc...) been notified of roadway closure _____
- Will you make arrangements (and follow thru) to have roadway closure properly Advertised _____
- Are you planning on installing message boards at least one week prior to roadway closure (highly advisable) _____
- Have you considered extended working hours to complete work promptly _____
- Have you considered establishing a financial incentive for early completion of project _____
- In your traffic control plan, have you taken into consideration the ability of our Fire Department to respond promptly to a fire _____
- Has the District Councilmember been notified of the closure _____

Received by the Public Information Office on: _____ Comments: _____

- A **“no”** answer to any of the questions listed above will require an explanation on the attached sheet.
- A **“yes”** answer “may” sometimes require an explanation.
- Must keep in mind that additional costs may not always be a factor in determining when the work is to be performed.
- All major street partial/total closures must be pre-approved by our Traffic Engineering Division.

This checklist must be submitted with all major street partial/total closures

EXPLANATION/COMMENTSThis image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Traffic Engineering

Date _____

Director's Signature

Date _____