

Gamut Theatre Group
7 min drive home

**Brad Dorrance
Keeper Wood Allen & Co.**

Old City Hall Apartments

**Pennsylvania Chamber
of Business and Industry**

**Pennsylvania
Wine Association**

**Return to Nature
SPA (Jane's Massage)**

**Temple University
Harrisburg**

**Pennsylvania
Department of Revenue**

**Subway
Takeout**

**Technology Council
of Central Pa**

**Harrisburg University of
Science and Technology**

**Rachel Carson State
Office Building**

5th St Garage

PSERS

**Greyhound Trailways
Short Term Parking**

**Good Shepherd
Anglican Church**

Strawberry Square

CITY OF HARRISBURG - DEPARTMENT OF ENGINEERING & DEVELOPMENT

STREET CLOSURE REQUEST FORM

123 Walnut Street, Suite 212, Harrisburg, PA 17101

Phone: 717-255-3091 E-mail: streetcuts@harrisburgpa.gov

This request for permission to close a street within the City of Harrisburg must be completed and received by the city engineer for review at least 3 business days prior to the planned closure. The city engineer will inspect the location, review your detour and traffic control plans and approve or disapprove your request. Please note that you are responsible for the actual physical closure and must follow all city, state and federal regulations in respect to Work Zone Traffic Control. Refer to PennDOT Pub 213 (67 PA Code, Chapter 212). A Traffic Control plan must accompany this form showing detours and traffic control figures. It is your responsibility to notify all property owners within the affected closure area. It is also your responsibility to notify Harrisburg City Parking Enforcement (717-255-3141) and Park Harrisburg (717-234-2274) at least two days prior to closing for temporary no parking signs to be posted.

STREET NAME:

STREET FROM:

STREET TO:

DATE FROM:

TIME FROM:

DATE TO:

TIME TO:

TYPE OF CLOSURE: COMPLETE, PARTIAL OR BOTH:

HAVE ALL RESIDENTS BEEN NOTIFIED?

YES / NO

CONTRACTOR INFO

COMPANY NAME, CONTACT
PERSON, ADDRESS, PHONE,
E-MAIL, FAX ETC.

CLOSURE INFO:

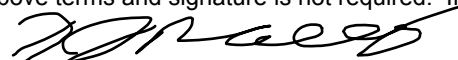
REASON, LEFT, RIGHT OR
CENTER LANES, OPEN
DURING NIGHT HOURS ETC.

DETOUR:

USE BACK OF PAGE OR ADD
TO THIS FORM IF MORE
SPACE IS NEEDED:

I have read, understand and will follow all requirements. By clicking on the green E-Mail button you agree with the above terms and signature is not required. If printing form you must sign here:

SIGNATURE



PRINT YOUR NAME HERE:

BELOW TO BE COMPLETED BY CITY OF HARRISBURG PERSONNEL

ADDED TO MAP:

BUSINESS LICENSE #

APPROVED BY:

DATE SENT:

COMMENTS: