



City of Cedar Hills
Temporary Street Closure Application
10246 N Canyon Rd., Cedar Hills, Utah 84062 801-785-9668

Application Date: _____

Deposit (\$250) Received by: _____

Check #: _____

Name and address of applicant requesting closure:

Phone Number: _____

Name and address of contact person for closure:

Phone Number: _____
Cell Phone on site: _____

Address/Location of Closure: _____

Date of Closure: _____ Time of Closure to Begin: _____ Time of Closure to End: _____

- Must coordinate street closure with Public Works Department during business hours, 7 days in advance of closure.
- Must maintain local street access for residents affected by closure.
- Do not block street with cars, rope, garbage cans etc.
- Applicant will be responsible for any damage done to street, traffic control devices, and or public and personal property.

I agree to comply with the above requirements, all applicable State and Federal Laws, all Cedar Hills City Standards, Specifications, Ordinances and other applicable requirements.

Applicant: _____

Date: _____

Work Authorized: _____
Public Works Director

Date: _____