



CITY OF NEWTON
Street Closure Request
(Construction Events Only)

Note: City Clerk's office must receive completed form at least 3 weeks for "collectors/arterials" and 1 week for "residential streets" prior to closure.

Date of request: _____

Contractor (contact person): _____

Company: _____

Address (office): _____

Zip Code: _____

A contact phone number is required. Fax and email are optional.

Phone: _____

Cell: _____

Fax: _____

Email: _____

Street Closure Date(s): _____ Start time: _____ End time: _____

Purpose: _____

Proposed Street Closure: _____ From: _____ To: _____

Proposed Street Closure: _____ From: _____ To: _____

Proposed Street Closure: _____ From: _____ To: _____

Proposed Street Closure: _____ From: _____ To: _____

If other City services or amenities are requested for the street closure, please detail below (traffic control signage can be provided for an additional fee):

Empty rectangular box for detailing additional services or amenities.

Acknowledgement by contractor / responsible party:

The undersigned does hereby acknowledge that the City of Newton requires that any Street Closure granted by the City of Newton will conform to all applicable local ordinances and state laws.

Duly signed by: _____

Print or type name here: _____

Traffic Control Plan must be submitted with application. The Contractor shall provide traffic control in accordance with the current edition of the Manual of Uniform Traffic Control Devices (MUTCD) to help ensure a safe work zone. Adjacent property owners must be notified at least 24 hours prior to street closure.

Construction street closure fee is \$50.00:

Fee Paid

Name: _____ Address: _____

Phone: _____

Please indicate if the following are in the area (check all that apply): Nursing home Day care Multi-family apartments

Send completed request to:

City of Newton
Administration Office
201 E. 6th St. Newton KS. 67114
316-284-6001
Fax: 316-284-6090
dduerksen@newtonkansas.com

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Date contractor notified of approval or decline: _____

Approved Declined

Signed by: _____

City Official

Date _____

Sign, date, and forward to the following departments (office use only)

Newton Police Department: _____

Public Works Department Street /Sanitation: _____

Public Works Department Engineering: _____

Newton Fire/EMS Department: _____

Parks Department: _____

911 Communication: _____

KDOT Notified: _____ Date Sent: _____ Date Approved: _____