



Street Opening/Sidewalk and Street Closure Application

City of Helena, Public Works Department
316 N. Park Ave. Helena, MT 59623
Phone: (406)447-8431 or Fax: (406)447-8442

Project Address: _____

Reason for Street Opening: Public Utility Private Utility Other _____

Check any items that may be impacted by proposed work:

- | | | |
|--|--|---|
| <input type="checkbox"/> Water | <input type="checkbox"/> Sewer | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Curb and Gutter | <input type="checkbox"/> Street Surface | <input type="checkbox"/> Sidewalk/Bikepath |
| <input type="checkbox"/> Drainage Structures | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Trees, grass or other vegetation |
| <input type="checkbox"/> Street Lights | <input type="checkbox"/> Signs/Traffic Signals | <input type="checkbox"/> Private Utilities (electric, gas, cable, etc.) |

Are any ADA structures impacted? Yes No – Refer to City of Helena ADA policy.

Name of Owner:	Name of Contractor:
Address of Owner:	Address of Contractor:
City, State, Zip Code:	City, State, Zip Code:
Phone & Fax Number:	Phone & Fax Number of Contractor:
E-mail of Owner:	E-mail of Contractor:

Request closure of <i>(street name)</i>	between <i>(bordering streets)</i>	and
Date(s) of closure		
Hours of closure _____ am/pm to _____ am/pm		
Description of Work: _____		
Type of permits required:		
Water Tap(s): ____ No. of tap(s) ____ Size of tap(s) Sewer Tap(s) ____ No of tap(s) ____ Size of tap(s)		
Abandonment of water Service(s) ____ No. of services of sewer services ____ No. of services		
Street openings: ____ No of opening(s)		
Sidewalk replacement ____ liner feet curbcut/drive approachment repair/replacement: yes/no		
<i>PROVIDE A TRAFFIC CONTROL PLAN AND THE 24 HOUR TRAFFIC CONTROL MAINTAINERS CONTACT INFORMATION IN ELECTRONIC FORMAT (PDF is preferred).</i>		
<i>Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has or will commence prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Helena.</i>		
Signature of Applicant/Representative: _____		Date: _____
Please sign and submit this application <u>ten (10) working days</u> before the requested closure. For further detail information attach additional sheets		

Conditions:

- Winter Installs – Finished surface shall be 6" of flowable fill or cold mix. Additional flowable fill or washed rock maybe required on collector or higher classified streets.
- Any sidewalk closed for more than seven (7) days shall have an alternate route constructed per City Code.
- _____
- _____

OFFICE USE ONLY:
Date Approved: _____ Approved By: _____

Notes:
 -All work within City ROW must comply with The City of Helena's City Code.
 -All work within City ROW must comply with The City of Helena's Engineering Standards and Specifications.
 -All work within City ROW must comply with current ADA Standards.

A COPY OF THIS PERMIT AND THE TRAFFIC CONTROL PLAN MUST BE READILY AVAILABLE ON-SITE FOR PUBLIC USE