



CITY OF BREMERTON RIGHT-OF-WAY CLOSURE REQUEST

TO: _____

DATE: _____

COMPANY: _____

PHONE: _____

EMAIL: _____

PERMIT #: _____

PHONE: _____

FROM: _____

TO: _____

(STARTING DATE)

(ENDING DATE)

WHAT STREET IS CLOSED/RESTRICTED: _____

INCLUDE WHAT TYPE (ST, AVE, PL, CT & DIRECTIONALS NE, SW, ETC.)

FROM WHAT CROSS STREET: _____

INCLUDE WHAT TYPE (ST, AVE, PL, CT & DIRECTIONALS NE, SW, ETC.)

TO WHAT CROSS STREET: _____

INCLUDE WHAT TYPE (ST, AVE, PL, CT & DIRECTIONALS NE, SW, ETC.)

DAYS OF THE WEEK: _____

(e.g. MONDAY – FRIDAY / TUESDAY – THURSDAY / ETC)

WORK HOURS: FROM: _____ TO: _____

(e.g. 7:30 am TO 4:00 PM)

WHAT TYPE OF RESTRICTION: _____

(e.g. 1 LANE CLOSED INTERMITTENTLY / ROAD CLOSED / NO PUBLIC ACCESS / ALTERNATING TRAFFIC / ETC.)

TYPE OF WORK: _____

(e.g. ASPHALT OVERLAY / WATER MAIN INSTALLATION / CULVERT REPAIR / PAVING / ETC.)

OTHER REMARKS OR INFORMATION:

PLEASE SUBMIT COMPLETED FORMS TO:

EMAIL: CityofBremerton.Permits@ci.bremerton.wa.us

-OR-

FAX: (360) 473-5398

BY **10:00 AM THURSDAY** OF THE WEEK PRIOR TO THE WEEK THAT WORK IS TO BE DONE
(PLEASE CONTACT 360-473-5288 WITH ANY QUESTIONS AND/OR CONCERNS)