



**TRANSPORTATION CLOSURE FORM**  
(Streets, Sidewalks, Bike Paths & Bike Parking)

Date Submitted: 9/3/19

Street(s), Sidewalks, Bike Path or Parking to be Closed:

Intersecting Streets which are affected or define limits of closure: NE Corner of 4th + Peabody ul Band Lane of Peabody E of 4th

Reason for Closure: LEAK REPAIR

Project On-Site Contact Person: Les Strom  
U of I Project Manager (PM): Robbie Bauer

Phone Number: 217.318.1910  
U of I PM Phone Number: 314-277-8870

Date of Closure: 9/9/19

Expected Time of Closure: 8 AM

Date of Re-opening: 9/10/19

Expected Time of Re-opening: 6 PM

Work Order No. (if used): N/A

CDB Contract No.:

Is Traffic re-routing necessary? YES

If so, who should be involved?

Will Pedestrian/bicycle traffic be affected? YES

If so, will the sidewalk be closed? YES

Will ADA audible/visual warnings and barriers be provided? NO

Will pedestrian traffic be routed safely? YES

Are additional safety precautions needed? YES

Please provide a diagram noting signage, re-routing, safety features, etc. with related explanations. **Diagram required.**

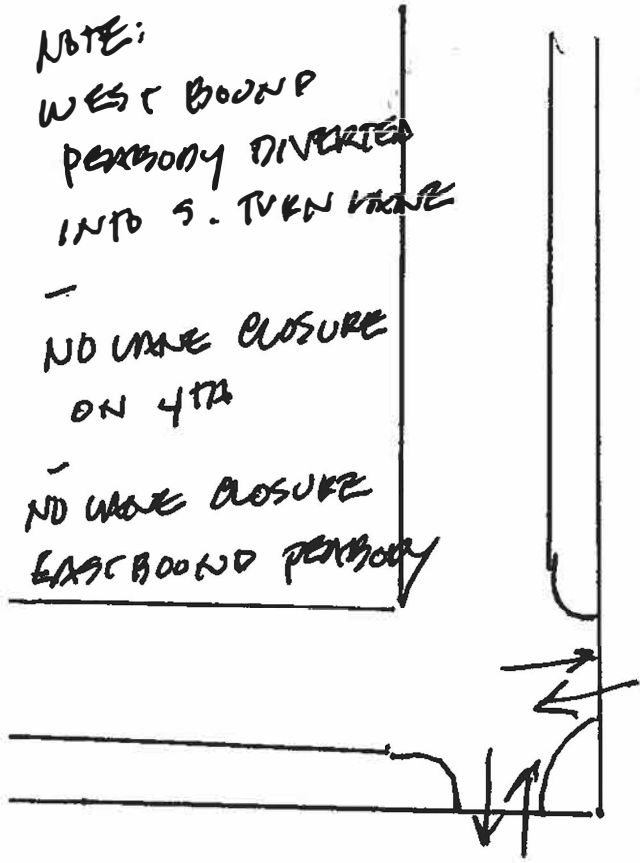
- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is barricading required? If so, indicate the barricade locations on the diagram.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Will Facility & Services staff place the barricades?<br>If the barricades will be placed by others, give the name of person responsible and the telephone number:   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Will police be necessary to direct the traffic? If so, name jurisdiction times, dates and location of each officer needed:  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Will this street closure affect University of Illinois parking meters on the street or in the parking lots in this area?<br>If so, you <b>MUST</b> contact the Parking Department at 333-3530 as there may be a fee assessed. |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Will MTD, DRES or other bus route re-locations be necessary? If so, coordinate with affected agency.<br>Record name and date of discussion with agency representative:  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Will deliveries be permitted? If so, how will access be controlled?   |

Date approved: 9-3-19 Approved By: Stacey DeLorenzo

NOTE:  
 WEST BOUND  
 PERMITS DIVERTED  
 INTO S. TURN LANE

-  
 NO LANE CLOSURE  
 ON 4TH

-  
 NO LANE CLOSURE  
 EASTBOUND PERMITS

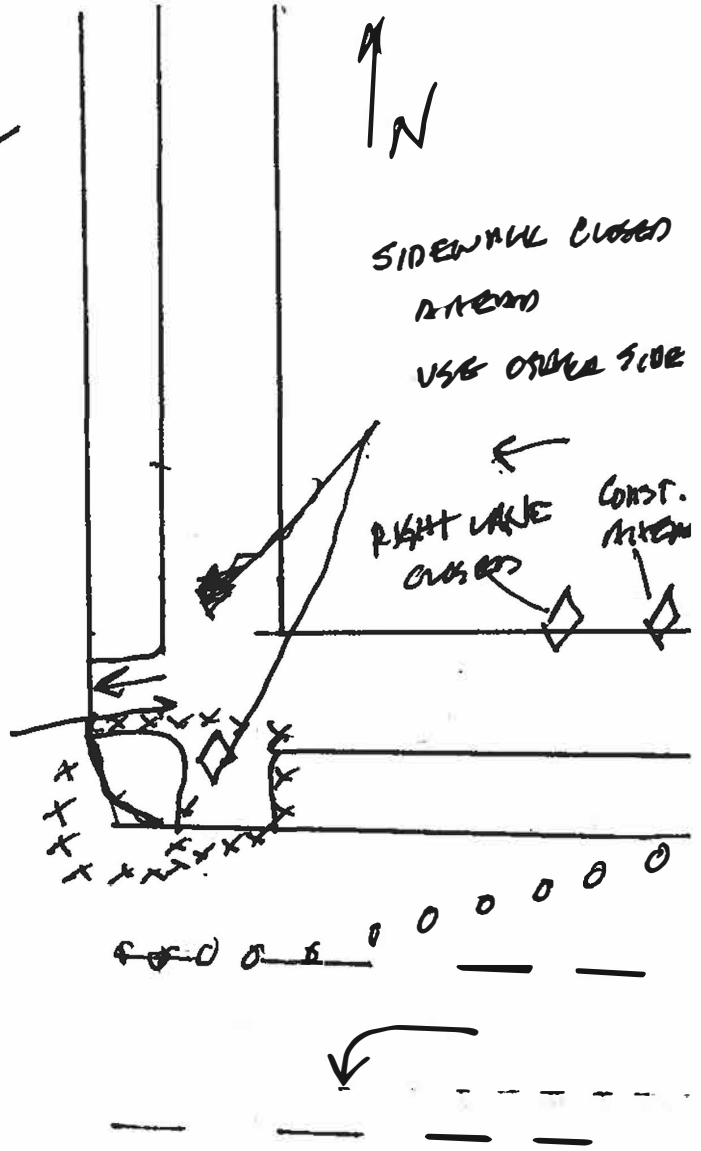


4TH



SIDEWALK CLOSED  
 AHEAD  
 USE OTHER SIDE

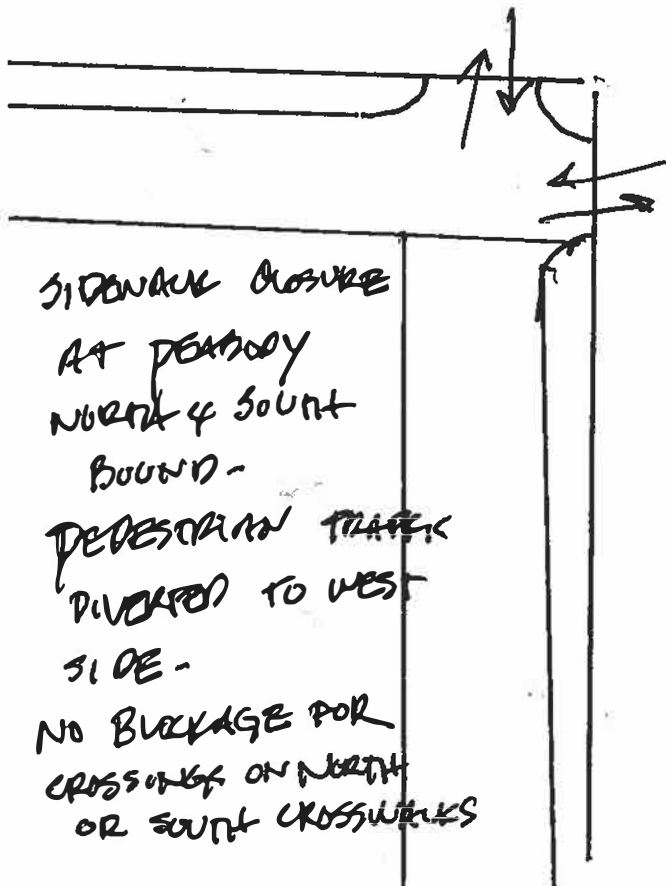
RIGHT LANE  
 CLOSED  
 CONST.  
 AHEAD



SIDEWALK CLOSURE  
 AT PERMITS  
 NORTH & SOUTH  
 BOUND -

PEDESTRIAN TRAFFIC  
 DIVERTED TO WEST  
 SIDE -

NO BLOCKAGE FOR  
 CROSSINGS ON NORTH  
 OR SOUTH CROSSINGS



4TH

SIDEWALK CLOSED  
 AHEAD  
 USE OTHER SIDE

CONSTRUCTION  
 AHEAD

