## TRANSPORTATION CLOSURE FORM

(Streets, Sidewalks, Bike Paths & Bike Parking)

| Date Submitted: 07/26/2017   |             |  |  |  |
|--|-------------|--|--|--|
| Street(s), Sidewalks, Bike Path or Parking to be Closed: Gregory, from Dorner to Goodwin   |             |  |  |  |
| Intersecting Streets which are affected or define limits of closure: None, see diagram   |             |  |  |  |
| Reason for Closure: Move-In Safety Night   |             |  |  |  |
| Project On-Site Contact Person: Urbana Fire Department U of I Project Manager (PM):  |             |  | <b>Phone Number:</b> 217-649-1629<br><b>U of I PM Phone Number:</b> 217-333-4133 |  |
| Date of Closure: 8/24/2016   |             |  | <b>Expected Time of Closure:</b> 5 PM  |  |
| Date of Re-opening: 8/24/2016  |             |  | <b>Expected Time of Re-opening:</b> 9 PM   |  |
| Work Order No. (if used):  |             |  | CDB Contract No.:  |  |
| <b>Is Traffic re-routing necessary?</b> No building access will be closed but traffic will not be able to use Gregory for the one black. |             |  | If so, who should be involved? CUMTD & DRES                                      |  |
| Will Pedestrian/bicycle traffic be affected? No  |             |  | If so, will the sidewalk be closed? No   |  |
| Will ADA audible/visual warnings and barriers be provided? No  |             |  | Will pedestrian traffic be routed safely? Yes                                    |  |
| Are addition   | nal safet   | y precautions needed? No   |  |  |
| Please provide a diagram noting signage, re-routing, safety features, etc. with related explanations. Diagram required.                  |             |  |  |  |
| Yes<br>⊠   | No          | Is barricading required? If so, indicate the barricade locations on the diagram.   |  |  |
|  |             | Will Facility & Services staff place the barricades?  If the barricades will be placed by others, give the name of person responsible and the telephone number: Urbana PW  |  |  |
|  | $\boxtimes$ | Will police be necessary to direct the traffic? If so, name jurisdiction times, dates and location of each officer needed:   |  |  |
|  |             | Will this street closure affect University of Illinois parking meters on the street or in the parking lots in this area? If so, you <u>MUST</u> contact the Parking Department at 333-3530 as there may be a fee assessed. |  |  |
|  |             | Will MTD, DRES or other bus route re-locations be necessary? If so, coordinate with affected agency. Record name and date of discussion with agency representative: I have made contact with MTD.                          |  |  |
|  | $\boxtimes$ | Will deliveries be permitted? If so, how will access be controlled?  |  |  |
|  |             |  |  |  |
| Date approved: 8/7/17 Approved By: Stacey DeLorenzxo   |             |  |  |  |
| Transportation Demand Management (TDM) Coordinator: Stacey DeLorenzo · Phone: (217) 300-1750 · fandscampustdm@illinois.edu               |             |  |  |  |

