



**Public Works Department
Temporary Obstruction of Right-of-Way Application**

Sketch Plans and Traffic Control Plan(s) are required.

RECEIVED: _____

CITY OF SAFFORD PERMIT NO.: _____

BUSINESS/PROPERTY OWNER (Permittee)

Business/Property Owner Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

OBSTRUCTION START DATE/TIME: _____

OBSTRUCTION END DATE/TIME: _____

NATURE OF OBSTRUCTION(S) (ATTACH SITE SKETCH):

LOCATION OF OBSTRUCTION:

Physical Site Address: _____ Nearest Intersection: _____

North South East West Side of Roadway

Approximately _____ Feet North South East West of Nearest Intersection

SIDEWALKS/STREETS

Are any sidewalks impacted? Yes* No

*If yes, an ADA accessible route must be provided for pedestrians. Yes No

Are any major streets impacted? Yes No

Do the impacted streets serve a school zone? Yes No

Permittee MUST provide telephone notification to the City of Safford Public Works Department two (2) working days prior to actual placement of the obstruction and notify the City of Safford upon completion of work. **Phone (928) 432-4170.**

I am aware that the City of Safford may have the obstruction removed for any reason by giving 48 hours notice.

Print Name

Telephone Number

Signature

Date

Approved by Public Works: _____
Public Works Personnel Signature

Date