



ROAD CLOSURE PERMIT APPLICATION

Applicant _____

Address _____

Street

City

State

Zip

Phone (_____) _____ **Fax** _____ **Cell** _____
Area Code

Name of street(s) requested for closure _____

Reason for closure request _____

Date of Closure _____ **Rain Date** _____

Time of Closure _____
From To

Department of Public Works
26300 Delwal Drive
Novi, Michigan 48375
Phone: 248-735-5640
Fax: 248-735-5659