



TRANSPORTATION CLOSURE FORM

(Streets, Sidewalks, Bike Paths & Bike Parking)

Date Submitted: 8/9/2023

Street(s), Sidewalks, Bike Path or Parking to be Closed: W. Gregory St.

Intersecting Streets which are affected or define limits of closure: I am looking to block off between 6th and stop sign next to Morrow Plots.

Reason for Closure: Large event where the street will be part of the experience as there will be people crossing back and forth that day and there will be emergency vehicles parked on the road along with tables where people will be sitting to enjoy their food that will be provided at the event.

Project On-Site Contact Person: Dementro "Debo" Powell
U of I Project Manager (PM): Click or tap here to enter text.

Phone Number: 217-300-5792
U of I PM Phone Number: Click or tap here to enter text.

Date of Closure: 8/27/2024

Expected Time of Closure: 2 pm

Date of Re-opening: 8/27/2024

Expected Time of Re-opening: 9 pm

Work Order No. (if used): Click or tap here to enter text.

CDB Contract No.: Click or tap here to enter text.

Is Traffic re-routing necessary? Yes

If so, who should be involved? Click or tap here to enter text.

Will Pedestrian/bicycle traffic be affected? Yes

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 additional safety precautions needed? No

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. You must contact the F&S Service Office to submit a barricade service request |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will Facility & Services staff place the barricades?
If the barricades will be placed by others, give the name of the person responsible and the telephone number: Click or tap here to enter text. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the police be necessary to direct the traffic? If so, name jurisdiction times, dates, and location of each officer needed: Click or tap here to enter text. |
| <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?
If so, you MUST contact the Parking Department at 333-3530 as there may be a fee assessed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will MTD, DRES or other bus route re-locations be necessary? If so, coordinate with the affected agency.
Record name and date of discussion with agency representative: Click or tap here to enter text. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will deliveries be permitted? If so, how will access be controlled? Click or tap here to enter text. |

5/8/2024

Sarthak Prasad on behalf of Stacey DeLorenzo

Date approved: Click or tap to enter a date. Approved By: Click or tap here to enter text.

