

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

| Date Submitted: 8/4/2025  |         |  |   |  |
|---|---------|--|---|--|
| Street(s), Sidewalks, Bike Path or Parking to be Closed: Street and the north sidewalk along W. Stoughton Street        |         |  |   |  |
| Intersecting Streets which are affected or define limits of closure: W. Stoughton Street                                |         |  |   |  |
| Reason for Closure: Crane Pick  |         |  |   |  |
| Project On-Site Contact Person: Ashley Ruthstrom<br>U of I Project Manager (PM): Quentin Lusby                          |         |  | Phone Number: 217.841.4365<br>U of I PM Phone Number: 309.3314895 |  |
| Date of Clos  | sure: 8 | 3/16/2025  | Expected Time of Closure: 6:30am                                  |  |
| Date of Re-   | pening  | g: 8/16/2025   | Expected Time of Re-opening: 1:00pm                               |  |
| 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? No   |         |  | 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? Yes                           |  |
| 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      |  |   |  |
|   | ✓       | Is barricading required? If so, indicate the barric the F&S Service Office to submit a barricade ser   | <u> </u>  |  |
|   | ✓       | Will Facility & Services staff place the barricade   | s?  |  |
|   |         | If the barricades will be placed by others, give th number: Click or tap here to enter text.   |   |  |
|   | ✓       | Will 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.  |   |  |
| _   | ,       | •  |   |  |
| Ш   | ✓       | 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: Click or tap here to enter text.                       |   |  |
|   |         | recessed name and date of discussion with agency   | representative. Ones of tap here to enter text.                   |  |
|   | ✓       | Will deliveries be permitted? If so, how will access be controlled? The area will be coned and caution taped off   |   |  |
| Julian Branch Later Commencer   |         |  |   |  |
| 8/13/2025 Sarthak Prasad on behalf of Stacey DeLorenzo  |         |  |   |  |
| <b>Date approved:</b> Click or tap to enter a date. <b>Approved By:</b> Click or tap here to enter text.                |         |  |   |  |
| Transportation Systems Manager (TSM): Stacey DeLorenzo · Phone: (217) 300-1750 · fandscampustdm@illinois.edu            |         |  |   |  |

