As of 3/17/07, the following form must be completed and attached to each barricade plan submitted for review. Incomplete submittals cannot be reviewed. Thank you for your cooperation.

ENCROACHMENT PERMIT NUMBER _____

BARRICADE COMPANY _____

CONTACT PERSON _____

TELEPHONE NO. _____

FAX NO. _____

AFTER HOURS TELEPHONE NO. _____

CONTRACTOR _____

CONTACT PERSON _____

TELEPHONE NO. _____

FAX NO. _____

EMERGENCY NO. _____

COMPANY SPONSORING THE WORK _____

Address/Cross Streets **(USE ONLY SCOTTSDALE STREET NAMES)**

_____

REASON FOR RESTRICTION _____
(OTHER than "Road work" please)_____

CONSTRUCTION START & STOP DATES _____

WORK HOURS/TIME _____

SCHEDULE (check appropriate) Mon -Fri _____ **Sat** ___ **Sun**___ **Sun-Thurs** ____