



**Jeff "Tree" Edwards Safety Officer**  
 Cobb County DOT, Operations Division  
 1890 County Services Parkway  
 Marietta, GA 30008  
 (Phone) 770-528-3692 (Fax) 770-528-2496  
 Email: jeff.edwards@cobbcounty.org

**LANE CLOSURE PERMIT**

\_\_\_\_\_ is requesting permission from Cobb County Department of Transportation to close one (1) lane of \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_.

This lane closure schedule is for: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_. The purpose of this work is \_\_\_\_\_.

This lane closure is located in Land Lot(s) \_\_\_\_\_ of \_\_\_\_\_ District.

By my signature below, I agree to release, indemnify and hold harmless Cobb County for and from any liability for personal injuries or property damage sustained by any person in connection with any activities for which this permit is used. I also agree to comply with the following Cobb County Department of Transportation and State of Georgia rules and regulations, as well as any United States Department of Transportation rules and regulations provided in the U.S. Department of Transportation *Manual on Uniform Traffic Control Devices for Streets and Highways (latest edition)*.

1. Provide a traffic control plan for the section of road to be partially closed that meets Cobb County Department of Transportation requirements. Note on the plans any circumstances that may require special attention.
2. Partial road closures are allowed only between **9 AM and 4 PM Monday through Friday**. Between closures, the road shall be replaced per Cobb County Department of Transportation.
3. All flaggers must be certified.
4. All Type 1 and Type 2 barricades shall have a minimum of one (1) warning light (flasher) per barricade. All Type 3 barricades shall have a minimum of two (2) warning lights (flashers) per barricade.
5. All signs are to be installed per the **M.U.T.C.D.**
6. I understand it is my responsibility to install and maintain all signs, barricades, flashers, etc., in strict accordance with the requirements of Cobb County Department of Transportation. I further understand that Cobb County Community Development or Cobb County Department of Transportation may suspend construction for any failure on my part to meet the above requirements.
7. A copy of this permit and traffic control plan must be on site during the closure.



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**REQUESTED BY:**

\_\_\_\_\_  
 (Requestor's Name in Print)

\_\_\_\_\_  
 (Date of Request)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Fax Number)

\_\_\_\_\_  
 (Title/Company)

\_\_\_\_\_  
 (Telephone Number)

\_\_\_\_\_  
 (24 Hour Contact Number if Available)

**Please include the Following:**

- 1) A Traffic Control Plan IAW MUTCD.**
- 2) Start and Estimated Completion Dates.**
- 3) Ensure Work Crew Supervisor has a Copy of this Permit on the Job Site.**
- 4) Pay Close attention to Items 1-7 of this Permit.**

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**FOR DEPARTMENT USE ONLY**

Request Approved       Approved with modifications       Rejected

Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Approving Signature)

\_\_\_\_\_  
 (Date Approved)

***THIS PERMIT WILL BE VALID FOR THIRTY (30) DAYS FROM THE DATE OF  
 ISSUANCE.***