

CONSTRUCTION NOTICE

JOB ADDRESS: _____

PERMIT NUMBER: _____ PERMIT TYPE: _____

PERMITTING DEPARTMENT: _____

DESCRIPTION OF WORK:

CONSTRUCTION IMPACTS:

Anticipated Construction Start: _____ Anticipated Construction End: _____

Construction Hours:

Monday - Friday: _____ to _____, Saturdays or Holidays: _____ to _____,
Sundays: _____ to _____.

Items checked below will be impacted throughout the duration of the construction period unless otherwise specified below:



Temporary Closure of Sidewalk

Comments: _____



Intermittent Closure of Driveway Access

Comments: _____



Temporary Bus Stop Relocation

Bus stops being relocated will have signs directing riders to nearby stops.



Temporary Closure of Travel Lanes

___ Complete Closure ___ Partial Closure
Comments: _____



Temporary No Parking

"TEMPORARY NO PARKING" signs will be posted at least 24 hours prior to work. Vehicles parked on the street with a posted "NO PARKING" sign will be cited and towed. If your vehicle gets towed, please contact the Parking Violations Bureau at 1-866-561-9742.

Comments: _____

CONTACT INFORMATION:

Permittee Name: _____ Phone Number: _____ Email: _____

Contractor Name: _____ Phone Number: _____ Email: _____

A Copy of the Permit Must Be at the Job Site at All Times

For Further Assistance Call 311 or Utilize the MyLA311 Mobile App

