

Street, Lane, and Sidewalk (SLS) Closures Pilot Program: Authorization Request Form

Effective January 15th, 2024, in accordance with Council File 20-1469, the SLS Closures pilot program commences. The SLS Closures pilot seeks to minimize project conflicts and maximize public accessibility due to projects occupying the public right-of-way. The pilot area is situated in the Central area of the City and is outlined by the following boundary: 1st Street on the north, Indiana Street on the east, Olympic Boulevard on the south and Alameda Street on the west.

The Public Way Reservation System (PWRS) group will be reviewing your request to occupy the public right-of-way and making certain that there are not any conflicts during the Proposed Construction Period.

Instructions: Please complete the form in its entirety and upload to the issued Customer Service Request (CSR) at <https://dscsr.lacity.org/>. Submitting an incomplete form will delay approval of the request and permit issuance.

Permit Information:

Job Address: _____

Permit Application Reference Number: _____ Permit Type: _____

Contact Information:

Contact Name: _____

Email: _____ Phone Number: _____

Construction Period:

Job Start Date: _____

Job Completion Date: _____

Construction Impacts (Choose All That Apply):

The project will close the sidewalk

The project will close a travel lane. If the box is checked, how many lane(s) will be closed?

The project will cause a street closure

Please complete the reverse side of this form as well

Authorization Request Checklist:

Provide a sketch or plan that clearly indicates the extent of the permit work, any laydown area and traffic control limits. This item must be provided for the application to be considered.

Provide LADOT approved traffic control plans or indicate what traffic control application will be utilized from the Work Area Traffic Control Handbook (WATCH) or CA Manual on Uniform Traffic Control Devices (CA MUTCD).

Provide a construction schedule (will be utilized to determine if the proposed construction duration is appropriate).

Identify any other permits that are associated with this permit application. Provide a permit number, permit application reference number, or note as applicable below:

For PWRs Group Use Only

Approved Job Start Date: _____

Required Construction Completion Date: _____

PWRs Staff Member Signature: _____

PWRs Staff Member Name (Printed): _____

CSR Number: _____