

LANE CLOSURE NOTIFICATION OR REQUEST **Number:** _____

Lane closure requires: Notification Request for Approval

Is the closure subject to liquidated damages? Yes No

If yes, report the start and end times of the closure and the total overage to TxDOT

Request by: * _____ Phone: * _____

*Roadway Type: GPL Toll Lane Frontage Road Direct Connector Direction: * __

*Limits: _____

*Start Date: _____ Time: _____ AM PM

*End Date: _____ Time: _____ AM PM

* Nature of Work: _____

Has work been coordinated with any other work in the area? Yes No N/A

*Number of Lanes of Facility (in the direction of the TCP closure)

1 2 3 4 5 6

*Which Lanes are Closed?

1 2 3 4 5 6 All Shldr Only

*Will any ramps require closure? Yes No If so, identify each:

*Entrances: _____ * Exits: _____

*List the Traffic Control Plans to be used (Both RFC and Standard Plans)

*Field Contact : _____ * Phone Number : _____

*Portable changeable message signs to be used? Yes No

*Is uniformed traffic control assistance to be used? Yes No

* Number and location(s): _____

Review Comments:

Approval _____