



Right-of-way Transmittal / Maintenance of Traffic Form

Engineering Division 1565 1st St, Sarasota, FL 34236 Phone: 941-365-2200 Ext. 4405 or 4367 Fax: 941-954-4178

EMAIL ADDRESS : ROWErosion@sarasotaFL.gov

Right-of-Way Use Permit No. _____

Date Submitted _____

This is a request for an addendum to the approved Right-of-Way Use Permit listed above.

Submitted By:	Certification Work Zone Traffic Plan Preparer Number (if req'd):
Phone Number of Point of Contact:	Fax Number:
Email Address:	

Brief Description of Modification to Site Plans or State Reason for Road/Lane Closure Request:

Attach Plan must include:

- A scaled drawing showing the limits of your work area, closures and full detour route if applicable.
- North arrow, all street names and any public areas which will be disrupted such as crosswalks, medians, driveways, sidewalks and parking spaces.
- If any residential or commercial driveways are affected or blocked indicate on drawing how re-routing will be resolved and confirm that notices have been provided to the affected parties.
- If any private property will be involved in your closure for the storage of materials, equipment or detour signage a letter from the private property owner(s) will be required before you submit M.O.T.
- If any traffic signals will be affected by the proposed closure a signal modification plan must be provided.

Submit a Job Schedule* (Attach additional sheets as necessary)

Location of Work or Closure Example: "East bound lane of Charles Avenue from 1st St to 2nd St" OR "FULL Road closure of Charles Ave from 1st to 2nd St including parking"	Date(s) Example: "Jun 1 - Jun 3"	Times of closure Example: 6am to 9pm OR "24 Hr Closure"

Approved By: _____ Rejected By: _____ Date: _____

Reason for rejection: _____

Conditions of Approval: _____
