

TRAFFIC CONTROL PERMIT APPLICATION

Permit No. _____ District: _____ Date: _____

SECTION I – TYPE OF TRAFFIC CONTROL REQUEST (Check One Only)

- Normal Hours Closure Detour
- Nighttime/Weekend Closure Special Request (i.e. Ramps)

SECTION II – PERMITTEE INFORMATION

Company (Name): _____ Project Contact (Name): _____
 Address: _____ Title: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Office Phone #: _____ Cell #: _____ Fax #: _____

SECTION III – LOCATION & DESCRIPTION OF TRAFFIC CONTROL

A. LOCATION

MDOT SHA Route #: _____ Also known as (street name): _____
 From: _____ To: _____
 MDOT SHA Proj. No. (if any): _____ Job ID or Company’s Ref. #: _____
 MDOT SHA Contact Person: _____
 Office Phone #: _____ Cell #: _____ Fax #: _____

B. DESCRIPTION

Requested Date(s): _____ Day(s) of Work: _____
 Requested Time Period: _____

Travel Direction of Closure N S E W INNER LOOP OUTER LOOP

Closed Lanes: LT SH #1 #2 #3 #4 #5 RT SH OTHER

MDOT SHA Traffic Control Standard No: _____
 Type of Work: _____
 Traffic Control Manager (Name): _____ Fax #: _____
 Contact Phone #: _____ Email : _____

Request for closure must be made **5 BUSINESS DAYS** prior to actual closure.

(Weekend requests must be in by Monday and Monday requests must be in by the previous Tuesday).

Permittee must coordinate with the Project Engineer if working within Construction Work Zone Limits, in order to receive permission to work in that area.
 Permittee is responsible for implementation of all traffic control devices, which must be in compliance with noted traffic control standard and the MdMUTCD.

This permit is subject to revocation at the direction of the MSHA.

Permittee must have a copy of the approved Traffic Control Permit at the work site.

Please send completed form to:

The State Operations Center (SOC) must be contacted at 1-800-543-2515 each day the permit is in effect.
 Permittee Must contact MDOT SHA District Office and the SOC 30 minutes prior to closing any MDOT SHA Roadway or shoulder.