



Maintenance of Traffic (M.O.T.) Form

Engineering Division 1565 1st St, Sarasota, Fl 34236 Phone: 941-365-2200 Ext. 4375 Fax: 941-954-4178

Right-of-Way Use Permit No. _____

M.O.T. Form and Plan Submission Date (allow 5 business days for approval of M.O.T.) _____

This form represents a request from the above noted Permit applicant for permission to temporarily modify the City of Sarasota's existing traffic circulation to perform the work or a portion of the work under the above referenced Right-of-Way Use Permit.

Office Use Only	Use of a Certified Work Zone traffic Plan Preparer (<u>will be</u>) / (<u>will not be</u>) required.
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Name of Certified Work Zone Traffic Plan Preparer (if req'd):	Certification Number (if req'd):
Phone Number of Plan Preparer:	Fax Number of Plan Preparer:
Email of Plan Preparer:	

State Reason for Road/Lane Closure Request: (For example; Utility instillation, road resurfacing, etc)

Attach your Maintenance of Traffic Plan, which 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)

*If exact dates are not known: schedule shall be submitted with *length of closure*, i.e., "Two weeks, excluding weekends, from 7am to 5pm daily." Once actual calendar dates have been scheduled it will be the responsibility of Permittee to inform the NDS - Engineering Division a minimum of 72 hours prior to expected closure, to allow for final approval of closure dates and times.

Location of 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: _____ Date: _____ Rejected By: _____ Date: _____

Reason for rejection: _____

Conditions of Approved Closure: _____

