



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: _____



Public Notice Form

City of Sarasota Neighborhood & Development Services, Engineering Division

1565 First Street Sarasota Florida 34236 Tel: (941) 365-2200 ext. 4375 or ext. 4367 Fax: (941) 954-4178

"Informing the public about your Right-of-Way closure"

Informing Local Transportation Agencies:

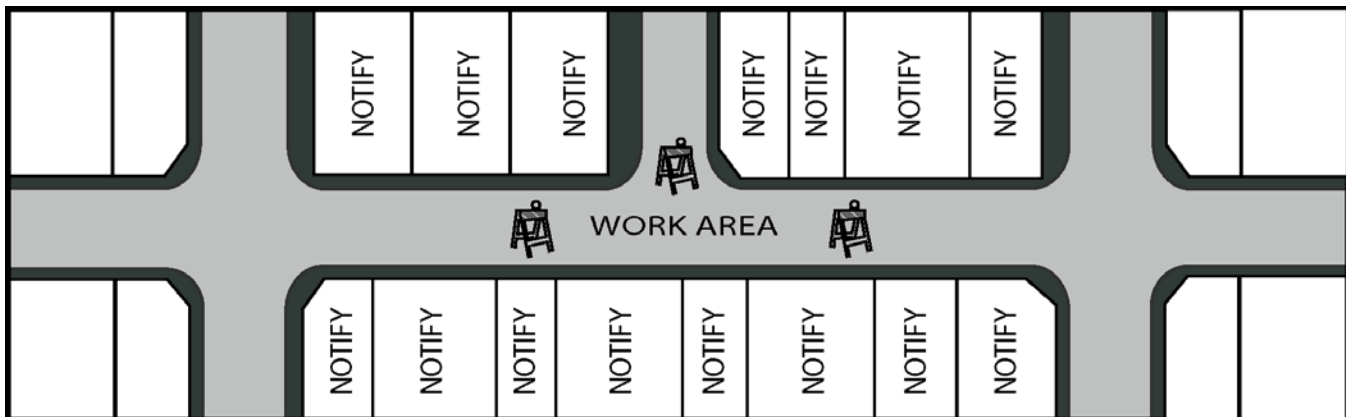
72 hours prior to any lane or road closure in the City of Sarasota, notice *must* be provided to the local transportation agencies listed below:

	FAX #
City Neighborhoods & Development Services	954-4178
City Parking Enforcement	926-6588
Police Department	954-7047
City Public Works; Streets and Highways	365-0268
City Public Works; Utilities	365-4840
Sarasota County Fire Department	861-5577
Sarasota County Area Transit (S.C.A.T.)	861-1000
Sarasota County School Board Transportation	486-2148
Sarasota Herald Tribune	361-4880

Informing Affected Parcel Occupants:

The Engineering Division (will require) / (will not require) that you contact all property occupants who share the block faces which will be affected by your closure.

Example:



Format of Notification:

Notice shall be in the form of a fax or hand delivered letter and shall include the following information:

- Name and phone number of party responsible for closure
- Name and mobile phone number of 24 Hr Contact Person
- Dates and times of closure
- Names and boundaries of all roads closed
- Reason for closure