



ROADS & DRAINAGE DIVISION

Lane Closure Request Form

DATE OF REQUEST: _____ PROJECT OWNER: _____
AGENCY/COMPANY/UTILITY

PROJECT NAME: _____

PROJECT LOCATION: _____
Roadway Name City/Town

SCOPE OF WORK: _____

REASON FOR CLOSURE: _____

CLOSURE START DATE: _____ START TIME: _____ END TIME: _____
MONTH/DAY/YEAR HR:MIN AM/PM HR:MIN AM/PM

CLOSURE DURATION: _____ DAYS PROJECT DURATION: _____ DAYS

OFFICE CONTACT: _____
Name Office Phone Agency or Company

JOB SITE CONTACT: _____
Name Mobile Phone Agency or Company

PROJECT TYPE: _____ LAND DEVELOPMENT DIVISION _____ ROADS & DRAINAGE DIVISION _____ OTHER
(CHECK ONE)
PERMIT # _____ ROW-USE PERMIT # _____

NOTES:

1. Reason(s) for lane closure must be specific and justifiable.
2. Request for closure form must be submitted to TE_RoadClosureCoordinator@polk-county.net at least **seven (7) working days** prior to closure start date.
3. Submit form with an aerial location map depicting work zone location with northing arrow and major roads labeled.
4. Submit form with a traffic control plan. Check applicable plan:
____ FDOT Standard Index ____ Certified TCP/MOT Plan ____ Engineered Plan Sheet(s) ____ OTHER
5. Location map and traffic control plan must be computer-generated and cannot be hand-sketched.
6. Requests for extension must be submitted with the originally approved request form.
7. Polk County will notify first-responder agencies and other appropriate organizations.
8. Polk County Reserves the right to modify the approved time frames listed if substantial traffic concerns arise.

Reviewed by:

Approved by:

Douglas Gable, P.E. Date
Engineering Manager- Interim

Jay M. Jarvis, P.E. Date
Division Director

Amy J. Gregory, P.E. Date
Traffic Manager