



Attachment B FLORIDA'S TURNPIKE ANTICIPATED ROADWAY CLOSURE



FDOT Financial ID No _____ Date Requested: _____
 Project Description: _____

State Road to be Closed: (Check One)
 Turnpike Mainline M.P. _____ to M.P. _____
 Other Roadway _____
 Description of Anticipated Road Closure: Partial Full

ROADWAY CLOSURE

Direction: Northbound Southbound Eastbound Westbound
 Total # of Thru Lanes: _____ # Closed _____ # Open _____
 Date(s) of Closure: _____ thru _____
 Date(s) to be closed: _____ thru _____
 Hours to be closed: _____ AM PM to _____ AM PM (Monday thru Thursday)
 _____ AM PM to _____ AM PM (Friday)
 _____ AM PM to _____ AM PM (Saturday & Sunday)

RAMP CLOSURE

Direction: NB on Ramp SB on Ramp EB on Ramp WB on Ramp
 NB off Ramp SB off Ramp EB off Ramp WB off Ramp
 Ramp Location: _____
 Date(s) of Closure: _____ thru _____
 Date(s) to be closed: _____ thru _____
 Hours to be closed: _____ AM PM to _____ AM PM (Monday thru Thursday)
 _____ AM PM to _____ AM PM (Friday)
 _____ AM PM to _____ AM PM (Saturday & Sunday)

Description of work to be performed: _____

Project Manager: _____ **Cell Number:** _____

THESE CAN NOT BE THE SAME PERSON

Contact on Site: _____ **Cell Number:** _____

Closure requested by: _____

 Contractor Representative / Permittee Representative