

LANE CLOSURE SCHEDULE

A written schedule of all lane closures is to be submitted to the Encroachment Permits Office by:

Phone #: (530) 225-3400 Fax #: (530) 225-3097

-SUBMIT BEFORE NOON WEDNESDAY-

For the **FOLLOWING** week beginning Sunday through Saturday.

Permit Inspector Name:



District 02

Date:

Permittee:

Phone:

Contact / Contractor:

Phone (On Site):

Permit No:

County:

Route(s):

Post Mile(s):

Work Description:

Utility Widening Overlay Realignment Drainage Structure

Traffic Signal/Lighting Landscape Slope Repair Road Connection

Other:

Lane Closures: Freeway Expressway Conventional – Number of Lanes:

#1 NB SB EB WB Description:

#2 NB SB EB WB Description:

#3 NB SB EB WB Description:

Facility Closure: Rest Area Truck Scale

Vertical & Horizontal Reductions:

Reduced Lane Width = Reduced Vertical Clearance =

Ramp Closures: Yes No

If Yes, describe work, date and time of closure

Date Public Affairs Office notified _____

Date public notification signing placed at ramp

_____ (7-14 days in advance of closure)

Detour Available: YES NO

If Yes, attach detour route plan.

Authorization to use county or city roads for detour:

YES

NO

Date Work Begins:

Date Work Ends:

Geographic Location Public Can Relate To:

Type of Work Performed:

Length of Delay:

Days of the Week:

Hours of Actual Work:

Type of Traffic Control/Restriction (check all that apply):

Standard Plans: T10 T10A T11 T12 T13 T14 T15 T16 T17

T10 Shoulder Closure Temp. Signals Pilot Car Stop, Proceed When Clear Changeable

Message Signs Radar Trailer HAR COZEEP Speed Reduction CHP Traffic Break

Other

ADA Notice

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