

ROUTE / BRIDGE RESTRICTION

**(NOTIFY DISTRICT PERMIT OFFICE AT LEAST 10 DAYS BEFORE PROHIBITING
OVERSIDE/OVERWEIGHT VEHICLES FROM TRAVELING THROUGH RESTRICTED AREA)**

District Construction Unit: (Please Print -- Complete Applicable Blanks)

Date Prepared: _____ Prepared By: _____
Contractor Name: _____ Phone: (____) _____
Restriction Type: _____ Route _____ Bridge _____ Other: _____
Origin County: _____ Origin Town: _____
Destination County: _____ Destination Town: _____
Start Date: _____ Tentative End Date: _____
State Route: _____ Travel Direction: _____ North _____ South _____ East _____ West
Starting Intersection: _____ Segment _____ Offset _____
Ending Intersection: _____ Segment _____ Offset _____

Complete this section if: (1) bi-directional restriction; (2) divided highway; (3) coincident SRs (e.g., 11/15, 22/322):

State Route: _____ Travel Direction: _____ North _____ South _____ East _____ West
Starting Intersection: _____ Segment _____ Offset _____
Ending Intersection: _____ Segment _____ Offset _____

Project Restriction Details:

Maximum Length: _____ FT. _____ IN. Maximum Width: _____ FT. _____ IN.
Maximum Height: _____ FT. _____ IN. Maximum Gross Weight: _____ LBS.
Road/Bridge Closed: _____ Yes _____ No
'Oversize Vehicles Prohibited' Sign(s) placed in advance of Project: _____ Yes _____ No
Detour Signing placed: _____ Yes _____ No Approximate Additional Detour Mileage: _____

Signed Detour Routing:

Northbound:
Southbound:
Eastbound:
Westbound:

District Permit Office Use Only

Date Received in Permit Office:	Miscellaneous Restriction ID#(s):
Received and Processed By:	Canned Route #(s):
Pilot Car Required: _____ Yes _____ No	Administrative Message #:

