

PENNDOT ROAD RESTRICTION FORM

PLEASE SEND COMPLETED FORM TO THE PENNDOT PRESS OFFICE AT THE EMAIL BELOW. LANE CLOSURES AND OTHER LANE RESTRICTIONS REQUIRE **5 DAYS' NOTICE**. FULL CLOSURES REQUIRE **2 WEEKS' NOTICE**. ALL FORMS SHOULD BE SUBMITTED BY THURSDAY MORNING FOR WORK PLANNED THE FOLLOWING WEEK. FAILURE TO SUBMIT THIS FORM IN A TIMELY MANNER MAY RESULT IN POSTPONEMENT OF WORK.

E-MAIL: ra-pdd6press@pa.gov

Today's Date: _____ ECMS# _____
(if project-related)

SR# _____ Section _____
(if project-related)

Municipalities: _____ County: _____
Indicate if Borough or Township

Name of Road: _____ Direction: _____

Between Where & Where: _____
(use nearest intersections or interchanges only)

Type of Work: *(provide details)* _____

Type of Restriction: _____
(lane closure, periodic lane closure, full closure, etc.)

If FULLY CLOSED will detour be in effect only during working hours or 24 hours? _____

Approved Detour Route: _____

Dates of Work: *(start & finish)* _____

Restriction Hours: _____
(may differ from work hours, e.g. 9AM to 3PM, 8PM to 5AM, etc.)

Saturday and/or Sunday Work? _____

Name of Permittee *(who you're working for)* _____

Permit or Application Number if no ECMS#: _____

Contact Name: _____ Phone # _____ Email _____

Construction, Maintenance, Bridge and Highway Occupancy Unit(s) must notify the District Permit Office **10 "WORKING " days*** (excluding holidays) before prohibiting **oversize/ overweight vehicles** from traveling through restricted area. Please contact **Daniel Wehner** at 610-205-6787, dwehner@pa.gov and copy **Linda Coleman**, licoleman@pa.gov.