



RIGHT OF WAY PERMIT 48-HOUR WORK START NOTIFICATION

(To be submitted a minimum of 48 hours prior to construction)

PERMIT # / RECORD ID # _____

Date Submitted: _____

Contractor Name: _____

Contractor Phone #: _____

MOT Setup: (Check One) Daily (M-F) Daily (incl. weekend) Continuous Nightly Weekends (only)

Work Start Date: Work End Date:

Functional Classified Road(s) Start Time:

End Time:

N/A:

Local Residential Road(s) Start time:

End Time:

N/A:

Work Performed On

Street Name: _____ Cross Street 1: _____ Cross Street 2: _____

Description of Work (in this location): _____

Work locations in permit include Functional Classified Road(s)____. If yes, and not listed above, complete the following:

Additional Functional Classified Roads under same construction dates and times:

Work Performed On

Street Name: _____ Cross Street 1: _____ Cross Street 2: _____

Description of Work (in this location, enter "SAME" if same description as above): _____

Work Performed On

Street Name: _____ Cross Street 1: _____ Cross Street 2: _____

Description of Work (in this location, enter "SAME" if same description as above): _____

Work Performed On

Street Name: _____ Cross Street 1: _____ Cross Street 2: _____

Description of Work (in this location, enter "SAME" if same description as above): _____

Work Performed On

Street Name: _____ Cross Street 1: _____ Cross Street 2: _____

Description of Work (in this location, enter "SAME" if same description as above): _____