

ARKANSAS DEPARTMENT OF TRANSPORTATION

District 6

8900 Mabelvale Pike, P.O. Box 190296, Little Rock, Arkansas 72219. (501) 569-2171 (main), (501) 569-2366 (fax)

Lane/Shoulder/Median Closure Request Form

Permit Number :

County:

Highway:

Where work is being performed

Permit issued to: _____

Begin Date: _____

End Date: _____

Actual dates planned for placement and removal of the closure

Days of week: 7 days or Sun Mon Tues Wed Thurs Fri Sat
Check all days applicable

Time of Day: 24 hours (if the closure is continuous) or

Beginning time each day _____ Ending time each day _____ If closure is to be removed each day

Description of the planned lane/shoulder closure:

Will closure require alternating two-way traffic in one lane: Yes No

To be closed: Lane or Shoulder

Direction of travel for lane and/or shoulder to be closed: North South East West

Width of lane and/or shoulder to be closed: _____

Width of lane to remain open to traffic: _____

Width of shoulder to remain open to traffic: _____

Total width of open and available for traffic: _____

This application must be emailed to the District 6 Permit Officer 4 to 5 business days before the requested lane closure. Lane closures may not be undertaken before your receipt of written concurrence by the Department of the planned closure. If changes are necessary to the information provided by the applicant, the Lane Closure Request Form must be resubmitted for review and concurrence.

Applicant Signature

Date

Applicant Name (printed)

Phone Number

District Concurrence

Date

For Departmental Use only below this line

Lane Closure System

Entry required: Yes No If yes, Date entered _____ Entered by _____
Initials

Date removed _____ Removed by _____
Initials

Note: Please include a Traffic Control plan along with this completed form. **No traffic lanes are to be closed before 9:00 am. All traffic lanes need to be open before 3:00 pm. All traffic control must be by MUTCD.**