Lane Closure Request Form

You have received this form because it is possible that you may have to close a lane and/or shoulder on a Missouri State Highway.

Prepare a temporary traffic control plan and communicate it to all responsible parties prior to commencement of work. Traffic Control for Field Operations can be found on MoDOT's website at www.modot.mo.gov in section 616.23 of the Engineering Policy Guide.

There are two methods to request a lane and/or shoulder closure on MoDOT right of way:

Preferred - E-mail the attached form to **SLPermitWorkzones@modot.mo.gov**

or Fax - Complete the attached form and fax it to **573-522-6491**

* ALL LANE AND/OR SHOULDER CLOSURES MUST BE APPROVED BY MODOT.

* The attached form will need to be submitted to MoDOT a minimum of 2 business days and a maximum of 10 business days prior to any lane and/or shoulder closures.

* The form must be filled out to its entirety or it will be returned to you by E-mail or Fax for corrections.

* After MoDOT receives the request for a lane and/or shoulder closure, the Point of Contact will be notified by e-mail, fax or phone and given a MoDOT WorkZone Verification Number.

* It is your responsibility to make sure MoDOT has received and approved the request. You may call the MoDOT permit inspector on the permit for verification.

LANE CLOSURES THAT HAVE NOT BEEN APPROVED WILL NOT BE ALLOWED AND WILL BE SHUT DOWN.

The Lane Closure Request form is available on our web page.
http://www.modot.mo.gov/stlouis/news_and_information/Permits.htm .

Lane Closure Request Form

This section completed by MoDOT Permit Staff

MoDOT WZ Verification # _____

Date recd. _____ Time recd. _____

Method of Notification: E-mail____Fax____Phone____

TMS ID # : _____

Notified By: _____

◯ **New request** ◯ **Extension of existing request** - prior MoDOT WZ Verification # _____

Point of Contact Information

Lane Closures Require a 24/7 Point of Contact while work is being conducted.

Company Name _____ Telephone _____

Contact Name _____ Cell number _____

Email address _____ Fax _____

ALL FIELDS ARE REQUIRED - INCOMPLETE FORMS WILL BE REJECTED

MoDOT Permit Number _____

MoDOT Permit Inspector [ ]

Route _____ Direction [ ] Town / County _____

(North, South, East, West)

Location Start at _____ [ ] feet/miles [ ] (North, South, East, West) from _____ (Nearest cross street or intersection)

Location End at _____ [ ] feet/miles [ ] (North, South, East, West) from _____ (Nearest cross street or intersection)

Type of Work _____ Work Zone Length _____ [ ] feet/miles

Lane Type _____ # Lanes Closed _____

(Thru, Left Turn, Right Turn, Shoulder)

Closure Location _____ Emergency Work [ ]

(Left Lane, Center Lane, Right Lane) (Yes or No)

Day or Night [ ] Weekend Work [ ]

(Day, Night, 24 hour) (None, Saturday, Sunday, Both)

Closures shall not last longer than 7 days per request and weekday daytime lane closures should not start earlier than 9:00 a.m. or end later than 3:30 p.m. If this is not followed your closure will be denied.

Start Date [ ] Start Time [ ] [ ] [ ]

End Date [ ] End Time [ ] [ ] [ ]

Additional Comments (moving operation, short term, etc,) _____

Note: Type or Print Legibly

RESET FORM

Submit by Email