SEMINOLE COUNTY GOVERNMENT
(M.O.T.) MAINTENANCE OF TRAFFIC PROPOSAL

(JACK & BORE / DIRECTIONAL LANE CLOSURE / ROAD CLOSURE / R.O.W. USE)
TO BE CALLED IN AND FAXED (5) WORKING DAYS PRIOR TO ENTERING THE RIGHT- OF-WAY
(10) WORKING DAYS FOR ROAD CLOSURES

- All Construction Plans / Design Sheets Must be Submitted Electronically
- If requested an aerial map or roadway sketch showing MOT sign layout will need to be provided to the MOT Coordinator
- Copies of the MOT certificates of those setting up and maintaining the MOT will need to be provided to the MOT Coordinator

FAX: (407) 665-5623 PHONE: (407) 665-5699 or (407) 665-5677

EMAIL: mblinn@seminolecountyfl.gov ATTENTION: Michael Blinn

This request is valid from _____ to _____

- If the project extends beyond end date, approval of continuance is required. This includes ROW permit and the TE MOT permit. Any extensions should be notified within 48 hours of expired permit date

Date of request: _____

Project Name: _____

Name and phone number of person(s) requesting review:

_____

Company / division requesting review: _____

Name & phone number of contact person on job site: _____

Maintenance of Traffic Index #: (Per F.D.O.T. Design Standards) _____

Name & phone number of contact person in charge of maintaining the MOT construction zone:

_____

Right-of-Way Permit #: _____

Right-of -Way Permit Approved By: _____

Right- of-Way Permit is valid from: _____ **to** _____

Location of construction: _____

Date of proposed construction: _____ **Duration of construction:** _____

Brief description of construction: _____

_____

- AN APPROVED MOT MUST REMAIN ON THE JOB SITE AT ALL TIMES
- COVER, LAY DOWN, OR REMOVE CONSTRUCTION SIGNS WHEN NO CONSTRUCTION IS OCCURING (AT THE END OF THE DAY)
- ANY TRENCHES OVER THREE INCHES (3") DEEP SHA LL BE BACKFILLED OR TAPERED AS PER THE STANDARD INDEX AND MADE SAFE BEFORE LEAVING THE CONSTRUCTION AREA AT THE END OF EACH DAY
- LANE CLOSURES ARE RESTRICTED TO BETWEEN THE HOURS OF 9AM AND 5PM, INCLUDING MOT SET UP AND REMOVAL UNLESS OTHERWISE NOTED ON THE TE MOT APPROVAL FORM IN NOTES

Approved By: _____ Date: _____

Additional Comments County Personnel Only:

_____

MOT SUBJECT TO CHANGE IF CONDITIONS WARRANT