



Right-of-way Transmittal / Maintenance of Traffic Form

Right-of-Way Use Permit No. _____

Date Submitted _____

EMAIL ADDRESS : ROWErosion@sarasotaFL.gov

Engineering Division 1565 1st St, Sarasota, FL 34236 Fax: 941-954-2616

Phone Numbers

- Building and Engineering Inspection Line 941-954-4126 M-F 7:30AM to 3:30PM
- Engineering 941-365-2200 Ext. - 4405, 4289, 4228, 4367
- Utilities Department 941-365-2200 Ext. Sewer 6358, Water 6265
- Utility Inspection 941-365-2200 Ext. 6109
- Emergency# Water and Sewer 941- 955-2325 -- Streets and Highways 941-954-4148

Submitted By:	Certification Work Zone Traffic Plan Preparer Number (if req'd):
Phone Number of Point of Contact:	Fax Number:
Email Address:	

Brief description of approved work taking place, Modification to Site Plans or State Reason for Road/Lane Closure Request:

Submit a Job Schedule* (Attach additional sheets as necessary)

Location of Work or Closure Example: "East bound lane of Charles Avenue from 1st St to 2nd St" OR "FULL Road closure of Charles Ave from 1st to 2nd St including parking"	Date(s) Example: "Jun 1 - Jun 3"	Times of closure Example: 6am to 9pm OR "24 Hr Closure"

Approved By: _____ Rejected By: _____ Date: _____

Reason for rejection: _____

Conditions of Approval: _____
