



# Pasco County Traffic Operations Division

## Road Closing and Detour Request Form

7536 State Street, New Port Richey, Fl. 34654  
Phone ( 727 ) 847-8139 Fax ( 727 ) 815-7014  
email: mbunk@pascocountyfl.net

Right of Way Use Permit #:

County Project #:

Road to be closed and detoured: \_\_\_\_\_

Portion to be closed: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Requested By : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

24 HR Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Reason for requesting closing and detour** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested date of closing: \_\_\_\_/\_\_\_\_/\_\_\_\_ **(45 days required to review and process request and obtain BCC approval).**

Anticipated number of days the road is to be closed: \_\_\_\_\_

The following shall be included with this request, the fee and PDF file for each attachment will be required prior to approval.

- \$95.00 processing fee     \$86.00 inspection fee per MOT phase **(FEES REQUIRED FOR RIGHT OF WAY USE PERMITS ONLY)**
- Map showing the location of the closing and the detour route
- Detailed detour plan showing all required traffic control devices in accordance with FDOT 600 series index and part 6 of the MUTCD.

**\*\*\*\*\* TRAFFIC OPERATIONS DIVISION USE ONLY BELOW \*\*\*\*\***

Date received : \_\_\_\_/\_\_\_\_/\_\_\_\_ Attachments included  Yes  No Fees Due \$\_\_\_\_\_ Fees Rec  Yes  No

School Board and Schools notified of pending detour \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Emergency Services, Emergency Comm and PCPT notified of pending detour \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Revision requested  Yes  No Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Detour & MOT plan approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Detour and MOT plan approved by: \_\_\_\_\_ Traffic Engineering Supervisor

Reviewed & approved by: \_\_\_\_\_ Traffic Operations Manager

Proposed BCC Agenda Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Agenda Memo Number TR\_\_\_\_-\_\_\_\_\_

BCC Approved  Yes  No NOTES: \_\_\_\_\_