



Request for Approval of Lane Closure

Roadway: Brazoria County Expressway Direction: _____

Limits of Work, Plaza, or Ramp Location: _____

Start Date: _____ Time: _____ AM _____ PM _____

End Date: _____ Time: _____ AM _____ PM _____

Description of Work: _____

Has work been coordinated with any other work in the area? Yes _____ No _____ None _____

Individual responsible for this work: _____

Telephone Number: _____

Number of Lanes Closed: 0 _____ 1 _____ 2 _____ Shoulder _____

Will any ramps require closure? Yes _____ No _____

If so, Identify : Entrances: _____ Exits: _____

List the Traffic Control Plan to be used: _____

Submitted by: _____ Date: _____

Approved by: _____ Date: _____