

**2 WEEKS NOTICE
REQUIRED FOR ALL
LANE CLOSURES**

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State of Hawaii
Department of Transportation
Highways Division
Fax: 837-8052

WEEKLY LANE CLOSURE FORM

Project:

Permit No.

Contractor:

Emergency contact Person and number:

Specific Location/Roadway:

Boundaries: (Cross Streets)

Work Dates: 1 week at a time (Monday through Friday only)

Hours of Closure: (8:30 am to 3:00pm)

Numbers of Lane(s) Closed:

Which Lane(s) Closed:

Bike lane closed:

Pedestrian/Sidewalk Closed:

Direction(s):

Type of Work:

- 1) Make accommodations for Pedestrian and Cyclist when closing their right of way.**
- 2) Applicant will submit dates of lane closure 2 weeks prior to date of lane closures.**
- 3) All lane Closure Forms will be filled out on a weekly basis, so dates will be from Monday to Friday.**
- 4) There will be no Lane Closure on Weekends and State Holidays.**
- 5) If lane Closure consist of 2 lanes in the same direction then lane closures will have to be done at night. Night hours varies depending on location of lane closures.**
- 7) All night lane closures will need a one (1) month of advance notice.**
- 8) Applicant will provide Traffic Control plans per MUTCD.**