

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

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**1 MONTH NOTICE
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STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HIGHWAYS DIVISION

WEEKLY LANE CLOSURE FORM

Project: _____

Permit No.: _____

Contractor: _____

Agency or Utility: _____

Emergency Contact Person and Telephone No: _____

Specific Location/Roadway: _____

Boundaries (Cross Streets): _____

Known Landmarks/Mile Post: _____

Work dates: 1 week at a time (Saturday through Friday only)

Hours of Closure: _____

Number of Lane(s) Closed: _____

Which Lane(s) Closed: _____

Bike Lane Closed: Yes No

Shoulder Closed: Yes No

Pedestrian/Sidewalk Closed: Yes No

Direction(s): _____

Type of Work: _____

- 1) Ensure accommodations are made for lane closures obstructing Pedestrians and Cyclists right of way.
- 2) Applicant will submit dates of lane closure two (2) weeks prior to date of lane closures.
- 3) All night lane closures will need a one (1) month advance.
- 4) All Lane Closure Forms must be filled out on a weekly basis.
- 5) Applicant will provide Traffic Control plans complying with MUTCD and Hawaii Standard Specifications for Road and Bridge Construction Section 645.