

# PENNDOT ROAD RESTRICTION FORM

PLEASE EMAIL COMPLETED FORM TO ALL PRESS OFFICE STAFF BELOW. LANE CLOSURES AND OTHER LANE RESTRICTIONS REQUIRE 5 **DAYS' NOTICE**. FULL CLOSURES REQUIRE **2 WEEKS' NOTICE**. ALL FORMS SHOULD BE SUBMITTED BY THURSDAY MORNING FOR WORK PLANNED THE FOLLOWING WEEK. FAILURE TO SUBMIT THIS FORM IN A TIMELY MANNER MAY RESULT IN POSTPONEMENT OF WORK.

**E-MAIL:** [bradrudolph@pa.gov](mailto:bradrudolph@pa.gov); [robbriggs@pa.gov](mailto:robbriggs@pa.gov); [claceymabe@pa.gov](mailto:claceymabe@pa.gov)

Today's Date: \_\_\_\_\_

ECMS# \_\_\_\_\_

(if project-related)

SR# \_\_\_\_\_ SECTION \_\_\_\_\_

County: \_\_\_\_\_

Municipalities: \_\_\_\_\_

*Indicate if Borough or Township*

Name of Road: \_\_\_\_\_ Direction: \_\_\_\_\_

Between Where & Where: \_\_\_\_\_

*Use Nearest Intersections & Interchanges Only*

Type of Work \_\_\_\_\_

Type of Restriction \_\_\_\_\_

If FULLY CLOSED will detour be in effect only during working hours or 24 hours? \_\_\_\_\_

Approved Detour Route:  
\_\_\_\_\_

Dates of Work \_\_\_\_\_

*Start & Finish*

Hours of Work \_\_\_\_\_

Saturday and/or Sunday Work? \_\_\_\_\_

Name of Permittee \_\_\_\_\_

Permit Number \_\_\_\_\_

(if applicable)

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Construction, Maintenance, Bridge and Highway Occupancy Unit(s) must notify the District Permit Office **10 "WORKING " days\*** (excluding holidays) before prohibiting **oversize/overweight vehicles** from traveling through restricted area. Please contact **Daniel Wehner** at 610-205-6787, [dwehner@pa.gov](mailto:dwehner@pa.gov) and copy **Amy Pastino**, [ampastino@pa.gov](mailto:ampastino@pa.gov).