



# Encroachment Permit Work Scheduling Request Form

Submit request to schedule traffic control weekly, 7 days in advance, using this form. Submit to Permit Duty Station by FAX, 510-286-3960, or E-mail: Permit\_Duty\_Engineer@dot.ca.gov. **Reminder!** - Notify Inspector listed on page 1 or 2 of your Permit. Check Permit Special Provisions for authorized **work hours**. Any deviation from the Permit must be requested in writing.

**INSTRUCTIONS AND ABBREVIATIONS:** See Procedures on reverse of this form (page 2).

- 1. Permit No.: \_\_\_\_\_ 2.Expiration Date: \_\_\_\_\_ 3. Request Date: \_\_\_\_\_
- 4. Caltrans Inspector: \_\_\_\_\_ 5. Requested Work Week: \_\_\_\_\_ to \_\_\_\_\_
- 6. Route: \_\_\_\_\_ 7. County: \_\_\_\_\_ 8. City or township: \_\_\_\_\_
- 9.  PostMiles From: \_\_\_\_\_ To: \_\_\_\_\_ 10. Existing Lanes (in each Dir): Dir \_\_\_\_\_ Lns \_\_\_\_\_ / Dir \_\_\_\_\_ Lns \_\_\_\_\_
- 11. Describe Location (use landmark if necessary): From: \_\_\_\_\_ To: \_\_\_\_\_
- 12. Name of Conventional Highway or Surface St: \_\_\_\_\_
- 13. (a through k) Fill in or 'x' if applicable: (a)  Divided Hwy or  Undivided Hwy (b)  Full-Closure  1 dir or  both dir  
 (c)  One-way Traffic Control: Only on "Undivided" Hwy (Alternate use of same lane for both directions--hold trfc 5-10 min w/flaggers)  
 (d)  Connector Ramp: (State Highway #) \_\_\_\_\_ to (State Highway #) \_\_\_\_\_ Closed  or Lane # \_\_\_\_\_  
 (e)  Off/ramp: (Freeway to City St) Ramp Name: \_\_\_\_\_ Off/ramp Closed  or Lane#: \_\_\_\_\_  
 (f)  On/ramp: (City St to Freeway) Ramp Name: \_\_\_\_\_ On/ramp Closed  or Lane#: \_\_\_\_\_  
 (g)  Divert Trfc or Contra Flow: Reconfigure lanes/divert trfc to Lane# \_\_\_\_\_ in the \_\_\_\_\_ Direction; \_\_\_\_\_ Lane(s) open ea direction.  
 (h)  Intermittent Traffic Control (i)  Various Locations (j)  Long-Term (24+ hours continuous) ETO

(k) Year:		Time		Dir		* * * * * Restricted Lanes * * * * *														Brks		Closure ID#		
From DATE	To DATE	DAY(S) SU-M-T-W-TH-F-SA	24-HR CLOCK		NB	SB	Full Closure See Detour	SHLDR		1	2	3	4	5	6	V L	Aux or Coll	CD or Med	TURN PCKT(S)		Park Strip	5 to 15 Min	Roll -ing	Caltrans will complete & return
			Start (10-97)	Finish (10-98)				EB	WB										L	R				

- 14. Description of work/comments: \_\_\_\_\_
- 15. Detour (Required for full closure): \_\_\_\_\_
- 16. Contingency Plan: \_\_\_\_\_
- 17. On-site during work (circle if applicable) CHP / PD / Other: \_\_\_\_\_

18. Name:	Permittee or Permittees Representative/Contractor:	
	Address including zip code:	
On-site Personnel Contact Name of person in responsible charge & phone number(s).	Name:	
	Email:	
	Office:	FAX:
	Cell:	Emergency phone number 24/7:

19. **"REAL-TIME" STATUS INSTRUCTIONS - PLEASE MAKE YOUR FIELD PERSONNEL AWARE & RESPONSIBLE!**  
 Permittee shall **STATUS** scheduled work **DAILY** via Caltrans 24-Hour Communication Center at **510-286-6359**. Status using Closure ID No(s) at the start of work, **(10-97)**, and again when work is finished for the day, **(10-98)**. To cancel **(10-22)**, phone **510-286-6359** or fax to **510-286-6358** before the scheduled 10-97 time, but no later than 1 hour prior to the scheduled 10-98 time. Any **delay** in picking up your closure must be reported immediately to **510-286-6359** or Permit Inspector. See item 9 on reverse/page 2.

## ENCROACHMENT PERMIT WORK SCHEDULING PROCEDURES



1. **INSTRUCTIONS:** Fill in blanks or check appropriate boxes. Attach maps or diagrams, if available. Enter **beginning day** through **ending day of work week** (M-T-W-TH-F-SA-SU). **Month/Day:** Enter month (1-12) and day (1-31) of requested week. **Start & Finish Time:** Use 24 hour clock format. **Read page 2** of your Permit Special Provisions for **hours & days allowed**. Separate lane closure #'s are required for each direction and facility. Use separate line for each. **Lanes are numbered in direction of travel from left to right**, excluding turn pockets; left being #1 or "fast lane". Check boxes under **RESTRICTED LANES** to indicate lanes or parts of highway to be closed. "**VL**"(**Various Lanes**) may be checked with note in Comments Section stating number of lanes to remain open at all times.
  2. **ABBREVIATIONS:** **Aux**=auxiliary, **CD**=Center Divide; **Coll**=Collector; **Conn**=Connector; **Contra Flow**=Close 1 direction of traffic and divert to lane(s) in opposite direction or a turn lane. **Day of Week**=(M-T-W-TH-F-SA-SU); **Dir**=Direction (**NB**=North, **SB**=South, **WB**=West, or **EB**=East); **F/L**=fog line; **Lns**=Lanes; **L**=Left; **Med**= Median; **Off/R**=Off-Ramp; **On/R**=On-Ramp; **Park Strip**=Parking area parallel to lane; **Pckt**=Pocket; **Roll**=Rolling (for closure such as sweeping); **R**=Right; **Shldr**=Shoulder; **SR**=State Route; **V/L**=Various Lanes; **V/Loc**=Various Locations.
  3. Requests for scheduling shall be submitted on this form via FAX to 510-286-3960, or, via E-Mail to [Permit\\_Duty\\_Engineer@dot.ca.gov](mailto:Permit_Duty_Engineer@dot.ca.gov), or, through the designated State Representative (page 1 of permit).
  4. All permitted work (**with or without traffic control**) is subject to advance scheduling on this form, seven (7)days in advance of the work week requested. Submittals and approvals shall continue on a weekly basis.
  5. If work begins weekly on Sunday, the work week shall be Sunday through Saturday. If work week begins on Monday, the work week shall be Monday through Sunday.
  6. Incomplete, illegible, or inaccurate requests may be returned for correction. Assistance for completing the request may be obtained from the designated State Representative.
  7. Every attempt will be made to return timely requests with closure ID or work authorization numbers, to the Permittee by close of business on Thursday, prior to the scheduled work week. When deemed necessary to ensure public convenience, Caltrans may deny and/or reschedule the request.
  8. All requests must include a contingency plan for restoring public traffic (i.e. reopening of a closed lane, ramp and/or shoulder) in the event of (1) CHP or the local authority requires opening due to an unforeseeable incident in the nearby vicinity, or (2) permitted experiences an equipment breakdown, shortage of or lack of production materials or any other failure which would otherwise delay restoring public convenience within the time limits specified in the permit. The contingency plan shall include availability of any proposed standby equipment and stockpiled materials that can be utilized for the immediate opening of closures when ordered by the State representative. Acceptance of the contingency plan by the Engineer shall not relieve the Contractor from the requirement of opening the restricted travel way to accommodate public traffic as specified in the lane closure hour's section of the permit provisions.
  9. Caltrans will review and process the request by entering all information into the State-wide Lane-Closure System (LCS). This process generates a work authorization number\*. This number will be entered on the request form and returned to Permittee as approval to proceed AND will be used to "**Real-Time Status**" on a daily basis. Permittee shall communicate with Caltrans 24-hour District Communication Center (DCC) via telephone at **510-286-6359** twice daily when working, or once daily if cancelled.
    - a. When work begins (first cone down), Permittee shall contact Caltrans DCC and relay: "**(Closure ID #\*) is 10-97**".
    - b. When work ends (last cone removed), Permittee shall contact Caltrans DCC and relay: "**(Closure ID #\*) is 10-98**".
    - c. If the work is cancelled on any scheduled day, Permittee shall contact Caltrans DCC and relay: "**(Closure ID #\*) is 10-22**". A "10-22" (cancellation) can be phoned at anytime before the scheduled "10-97" time, but no later than 1 hour prior to scheduled "10-98" time. You may be asked to fax confirmation of "10-22" to the **DCC FAX at 510-286-6358**.
    - d. During the work, any unexpected occurrences including delayed openings, accidents, etc., shall be communicated to Caltrans DCC @ **510-286-6359**, immediately.
- Avoid possible miscommunication when calling status. Use the **PHONETIC ALPHABET** to state your Closure ID:  
**A** = Adam, **B** = Boy, **C** = Charles, **D** = David, **E** = Edward, **F** = Frank, **G** = George, **H** = Henry, **I** = Ida, **J** = John, **K** = King, **L** = Lincoln, **M** = Mary, **N** = Nora, **O** = Ocean, **P** = Paul, **Q** = Queen, **R** = Robert, **S** = Sam, **T** = Tom, **U** = Union, **V** = Victor, **W** = William, **X** = X-ray, **Y** = Yellow, **Z** = Zebra. *Example: P82CA="Paul 82 Charles Adam"*
10. The intent of these procedures is to help ensure public convenience by identifying planned closures on the State Highway system, resolving potential conflicts, and disseminating all available "**REAL-TIME**" information, via the traffic media to all motorists, including but not limited to the public, CHP, local police and sheriffs' office, and emergency fire and rescue personnel.

\* "closure ID number" is the same as "work authorization number"