
ORIGINATION FORM

Proposed Revisions to a Standard Plans Index
(Please provide all information — Incomplete forms will be returned)

Contact Information:

Date: July 20, 2020
Originator: Cheryl Hudson & Ge Wan
Phone: 414-5332
Email: Cheryl.hudson@dot.state.fl.us

Standard Plans:

Index Number: 649-031
Sheet Number (s): 6
Index Title: Mast Arm Assemblies

Summary of the changes:

Change weld on handhole

Commentary / Background:

Update to meet current criteria as requested by industry.

Other Affected Offices / Documents: (Provide name of person contacted)

- | Yes | No | |
|--------------------------|-------------------------------------|-----------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other Standard Plans – |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | FDOT Design Manual – |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Basis of Estimates Manual – |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Standard Specifications – |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved Product List – |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Construction – |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Maintenance – |

Origination Package Includes:

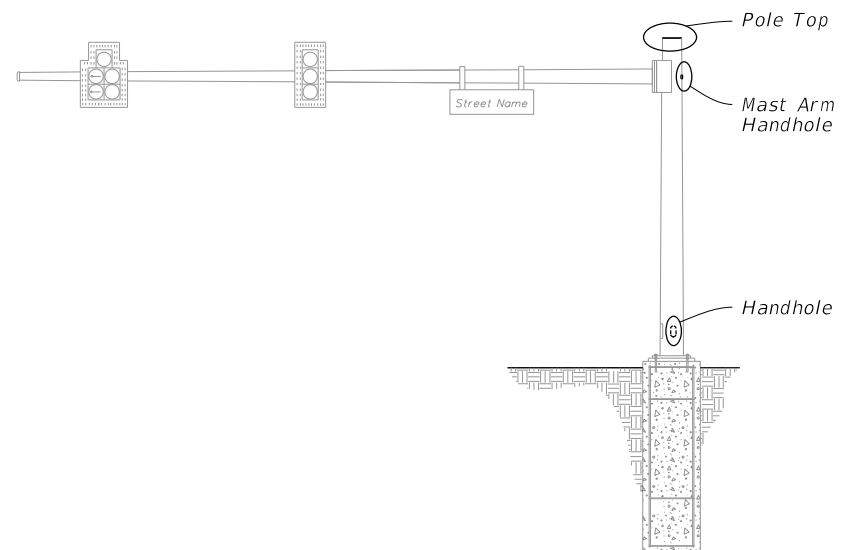
(Email or hand deliver package to Rick Jenkins)

- | Yes | N/A | |
|-------------------------------------|--------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Redline Mark-ups |
| <input type="checkbox"/> | <input type="checkbox"/> | Proposed Standard Plan Instruction (SPI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Revised SPI |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Support Documents |

Implementation:

- Design Bulletin (Interim)
- DCE Memo
- Program Mgmt. Bulletin
- FY-Standard Plans (Next Release)

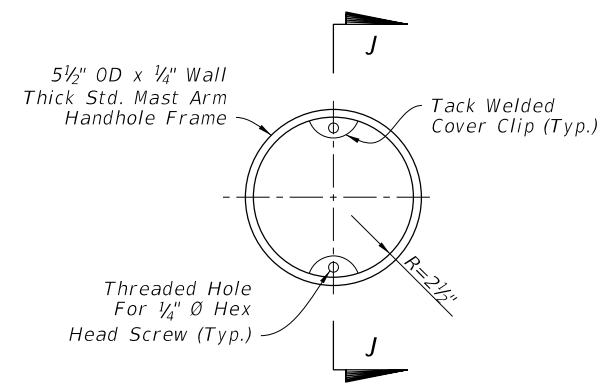
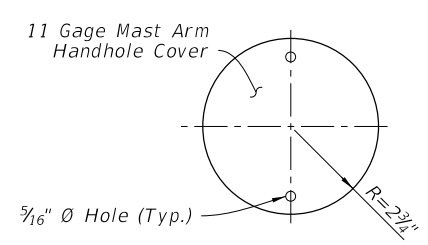
Contact the Roadway Design Office for assistance in completing this form



NOTES:

1. Handhole covers may be omitted when Terminal Compartment is provided.
2. See Mast Arm Tabulation sheet to see if Terminal Compartment is required and for locations.
3. Terminal Compartment Frame Height 2'-0" minimum to 2'-6" maximum. Align bottom of Terminal Compartment a minimum of 1" below the bottom of the Handhole Frame.
4. Any combination of Option 'a' or 'b' may be used, provided both lifting and wiring is accommodated.

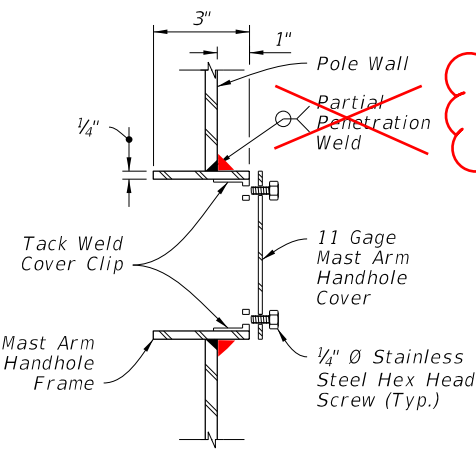
MAST ARM ASSEMBLY



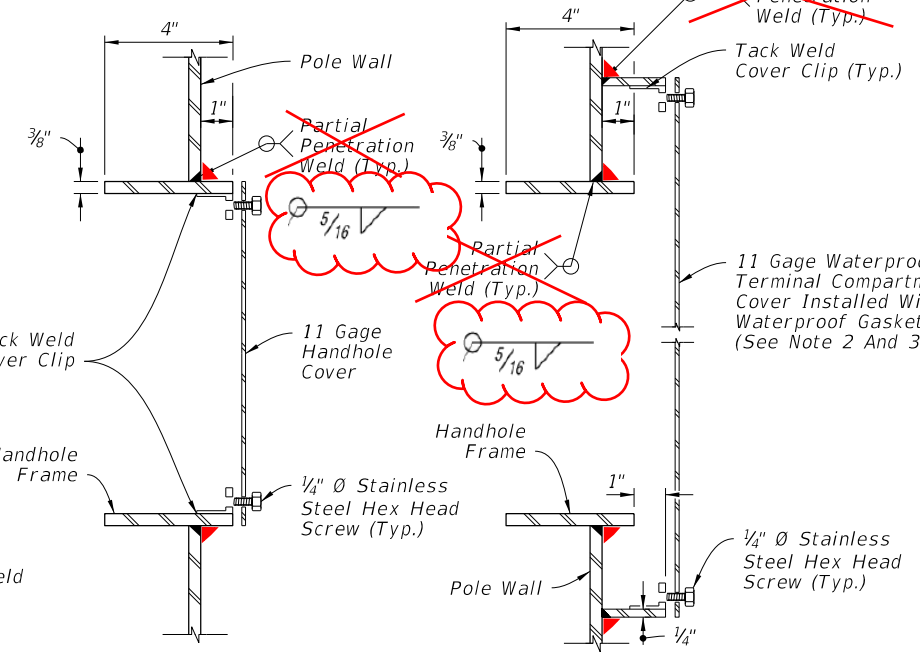
COVER

FRAME

MAST ARM HANDHOLE



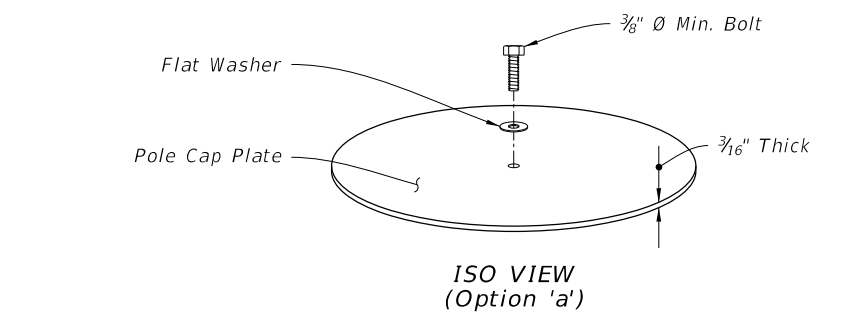
SECTION J-J



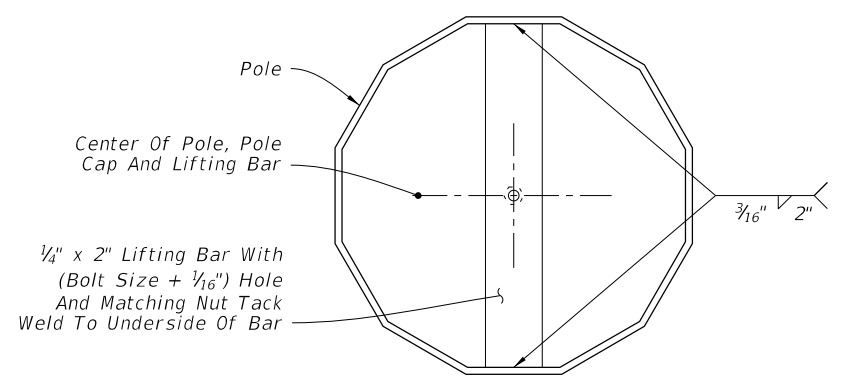
SECTION K-K (Thru Handhole)

SECTION K-K (Terminal Compartment)

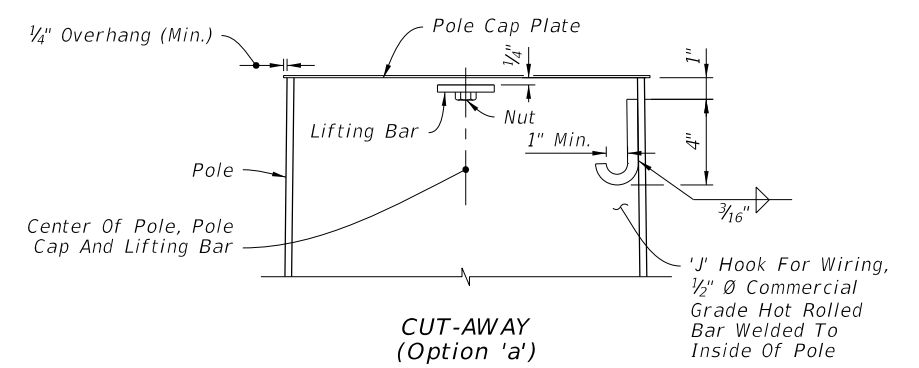
HANDHOLE



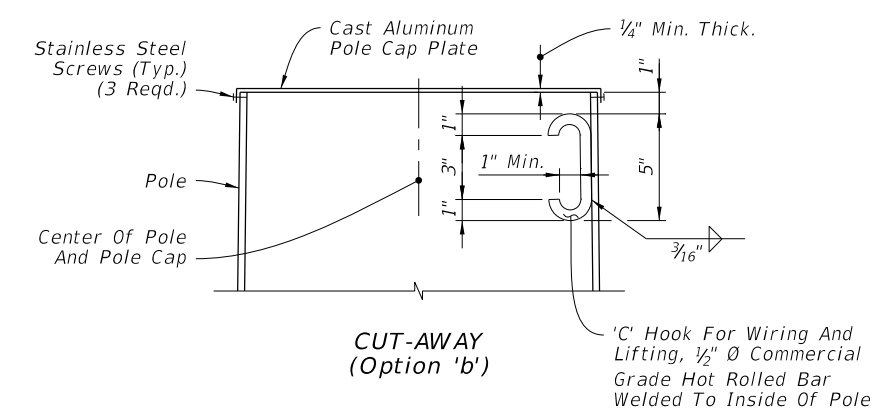
ISO VIEW (Option 'a')



TOP VIEW (Option 'a')



CUT-AWAY (Option 'a')



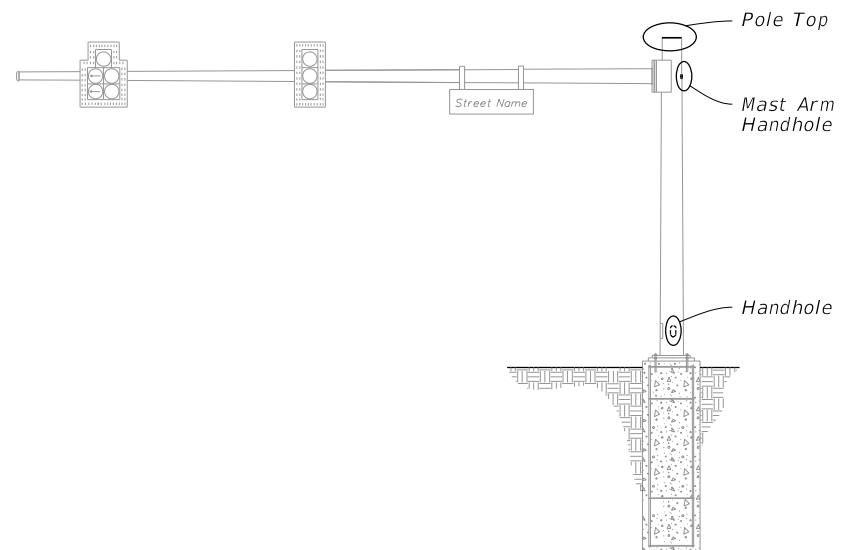
CUT-AWAY (Option 'b')

POLE TOP

HANDHOLE AND POLE TOP DETAILS

10/14/2019 2:17:41 PM

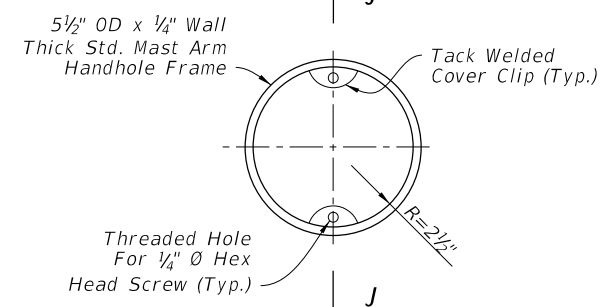
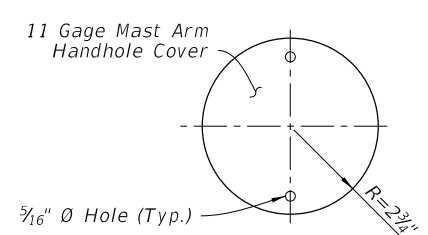
LAST REVISION	DESCRIPTION:
11/01/17	11/01/20



MAST ARM ASSEMBLY

NOTES:

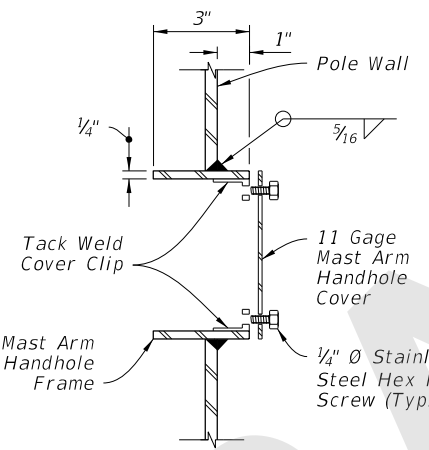
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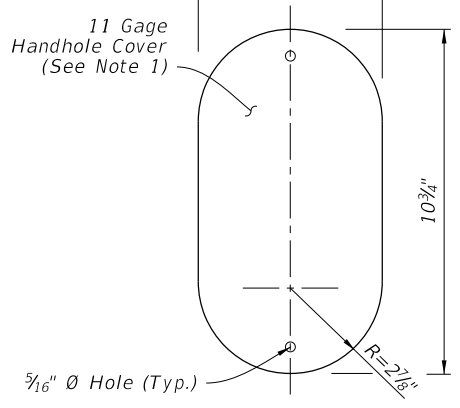
COVER

FRAME

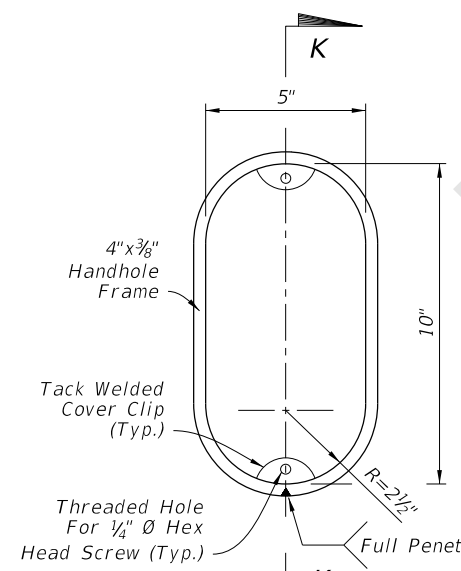
MAST ARM HANDHOLE



SECTION J-J

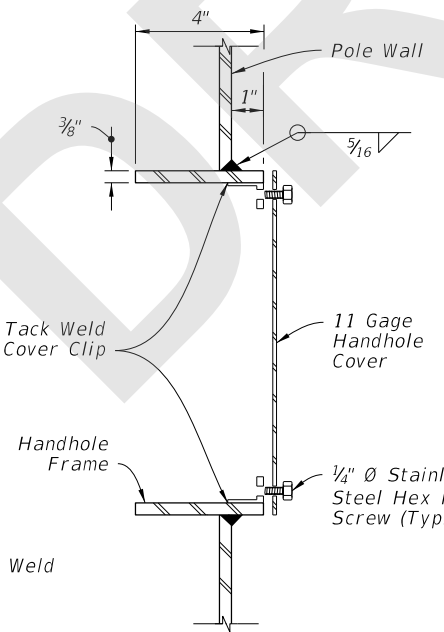


COVER

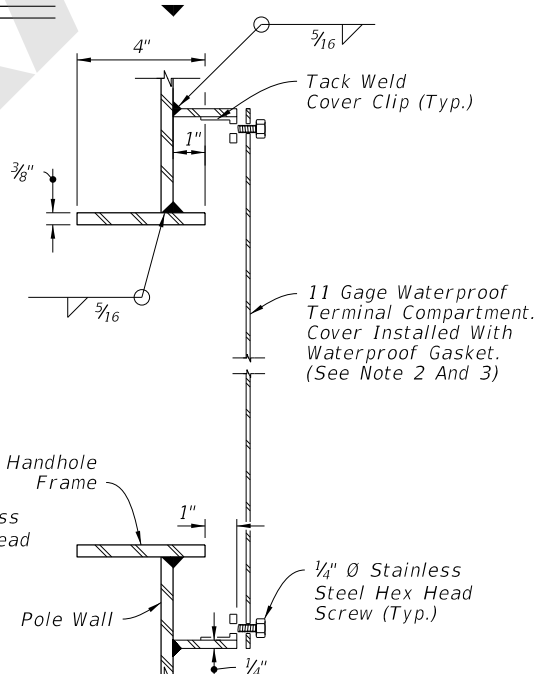


FRAME

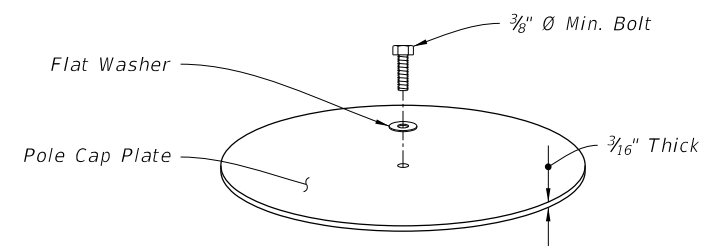
HANDHOLE



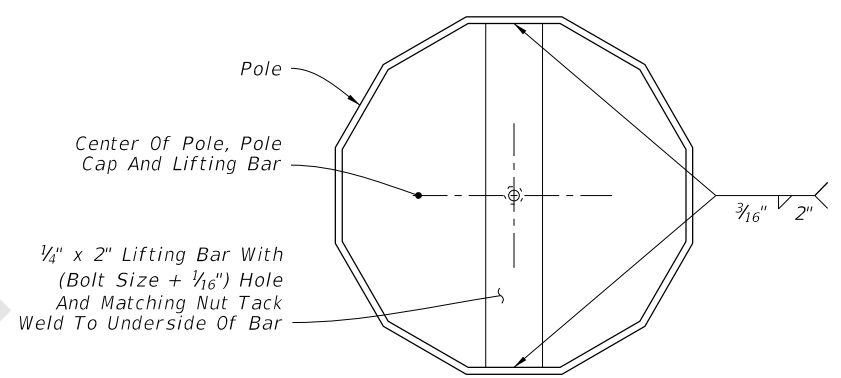
SECTION K-K (Thru Handhole)



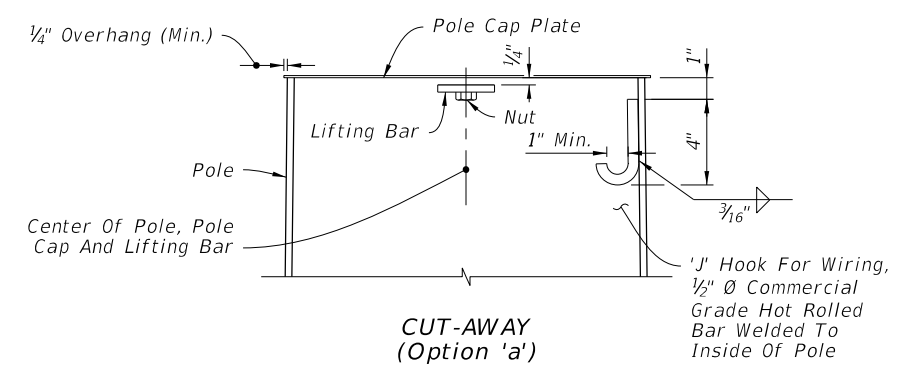
SECTION K-K (Terminal Compartment)



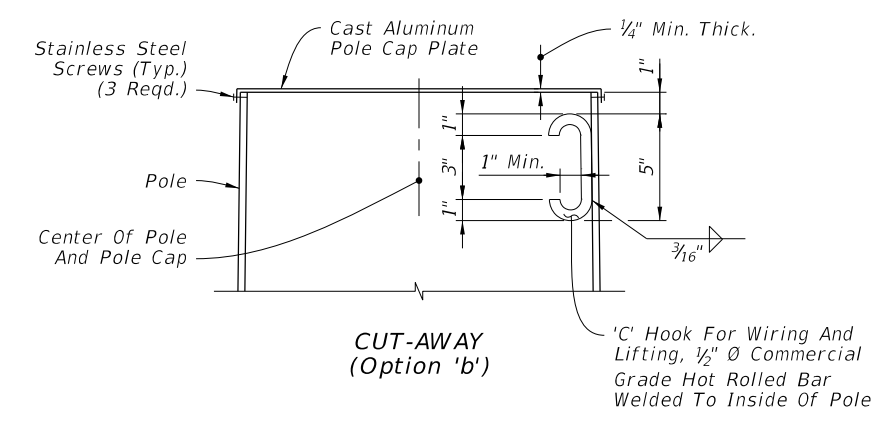
ISO VIEW (Option 'a')



TOP VIEW (Option 'a')



CUT-AWAY (Option 'a')



CUT-AWAY (Option 'b')

POLE TOP

HANDHOLE AND POLE TOP DETAILS

8/9/2020 7:42:06 AM

LAST REVISION	DESCRIPTION:
11/01/20	



**FY 2021-22
STANDARD PLANS**

MAST ARM ASSEMBLIES

INDEX
649-031

SHEET
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