103 Standard Forms

103.1 General

This chapter provides access to the standard forms referenced within the FDM. Each form is produced in this chapter, and links are provided to fillable Word documents accessible through the FDOT Procedure Document Library (PDL). The form number assigned to each form corresponds to the FDM chapter in which it is discussed. Refer to the related chapter for instructions on the use of each form.

Forms:

- ***110***…….. Sole Source or Named Product Request
- ***121-A***….. Bridge Development Report Submittal Checklist
- ***121-B***….. Independent Standard Peer Review Certification Letter (100% Submittal)
- ***121-C***….. Independent Standard Peer Review Certification Letter (90% Submittal)
- ***121-D***….. Independent Department Review Certification Letter (100% Submittal)
- ***121-E***….. Independent Department Review Certification Letter (90% Submittal)
- ***122-A***….. Submittal/Approval Letter
- ***122-B***….. Project Design Variation Memorandum
- ***122-C***….. Tolling Deviation Submittal Memorandum
- ***128-A***….. Design Plans Phase Review
- ***128-B***….. Design Plans Component Review
- ***128-C***….. Special Provisions
- ***128-D***.....Preliminary Engineering Certification
- ***130-A***….. 18 KIP Equivalent Single Axle Loads (ESAL)
- ***130-B***….. Project Traffic
- ***131***…….. Sample Local Agency Maintenance Agreement for Work Performed by the Department
- ***140-A***….. Items of Work Checklist
- ***152-A***….. Record Shop Drawing Transmittal
- ***233-A***….. Layer 3 Switch Worksheet
- ***240***…….. Transportation Management Plan (TMP) Form
- ***241***…….. Lane Closure Design Variation
- ***243-A***….. Portable Changeable Message Signs Worksheet

Form 110

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

SOLE SOURCE OR NAMED PRODUCT REQUEST

625-002-01
ROADWAY DESIGN
06/26

To: _____ Date: _____
District Design Engineer

Financial Project ID Include any "goes with" FPIDs: _____ Letting Date: _____

Product Name: _____

APL#: _____

"I, _____, _____, of _____,
Print Name of Engineer of Record Position Title Name of Company

am requesting the above product for this project. I understand that any deviation from FDOT Standard Specifications, including sole sourcing, may result in the need for a Public Interest Waiver. I understand that any APL or waiver requirements must be addressed prior to the letting to ensure constructability.

Product Need *(Briefly explain why this product is needed; additional documents may be attached):*

Justification *(List all other similar products. Explain why each product does NOT meet the above need; additional documents may be attached):*

_____, _____
Signature *Date*

For Department Use Only

"I, _____, _____
Print Name Position Title

of the Florida Department of Transportation, do hereby approve this sole source *request made in accordance with the requirements of FDM Chapter 110 and 23 CFR 635.411(a)(2),*
Mark appropriately:

☐ *that this patented or proprietary item is essential for compatibility, as determined by FDOT's Traffic Engineering Research Lab (TERL) or the CO Technical Expert: _____.*
☐ *that no equally suitable alternative exists for this patented or proprietary item."*
☐ *Identify any conditions or limitations:*

And Build America/Buy America (BABA) requirements have been certified to be met.

_____, _____
Signature *Date*

Form 121-A

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

BRIDGE DEVELOPMENT REPORT SUBMITTAL CHECKLIST

625-001-21a
ROADWAY DESIGN
11/25

Project Name _____

Financial Project ID _____

FA No. _____ Projects of Division Interest ..... Yes ☐ No ☐

NHS..... Yes ☐ No ☐

Date _____ FDOT Project Manager _____

	ITEMS	STATUS[b]
(1)	Typical Sections for Roadway and Bridge[a].....	Select Status
(2)	Roadway Plans in Vicinity of Bridge[a]...	Select Status
(3)	Maintenance of Traffic Requirements[a].....	Select Status
(4)	Bridge Hydraulics Report[c].....	Select Status
(5)	Geotechnical Report[c].....	Select Status
(6)	Bridge Corrosion Environmental Report[c].....	Select Status
(7)	GRS Abutments Feasibility Assessment[d].....	Select Status
(8)	Precast Feasibility Assessment.....	Select Status
(9)	Existing Bridge Plans.....	Select Status
(10)	Existing Bridge Inspection Report.....	Select Status
(11)	Existing Bridge Load Rating.....	Select Status
(12)	Wildlife Connectivity.....	Select Status
(13)	Utility Requirements.....	Select Status
(14)	Railroad Requirements.....	Select Status
(15)	Retaining Wall and Bulkhead Requirements.....	Select Status
(16)	Lighting Requirements.....	Select Status
(17)	ADA Access Requirements.....	Select Status
(18)	Other.....	Select Status

(a) Must be approved by District before BDR submittal.
(b) Select appropriate status: Provided, Not Applicable, Comments Attached
(c) See approval requirements for these documents in ***FDM 121***.
(d) GRS = Geosynthetic Reinforced Soil

INDEPENDENT STANDARD PEER REVIEW CERTIFICATION LETTER 100% SUBMITTAL

Florida Department of Transportation
District _____

Attn: _____

Reference: **Independent Peer Review Category 2 Structures**
Financial Project ID: _____
Federal Aid Number: _____
Contract Number: _____

Submittal: **90% Bridge** _____ **Plans**
Submittal _____
Bridge Number(s): _____

Dear _____,

Pursuant to the requirements of the Contract Documents, _____ hereby certifies that an independent peer review of the above-referenced submittal has been conducted in accordance with ***FDM 121*** and all other governing regulations. Component plans that were included in the peer review are as follows:

Outstanding / Unresolved Comments and Issues:

INDEPENDENT STANDARD PEER REVIEW CERTIFICATION LETTER
100% SUBMITTAL

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review and are in compliance with all requirements presented in the Contract Documents. Independent Peer Review comments and comment resolutions have been included in this submittal under separate cover.

I have also attached a current copy of the Firm's Independent Peer Review Prequalification Letter issued by the Department with the “Approved Rates” Section redacted.

Please do not hesitate to contact me if you have any questions.

Name of Independent Peer Review Firm _____

Name of Independent Peer Reviewer _____

Title _____

Signature _____

Florida Professional Engineer Lic. No. _____

INDEPENDENT STANDARD PEER REVIEW CERTIFICATION LETTER
90% SUBMITTAL

Florida Department of Transportation
District _____

_____

Attn: _____

Reference: **Independent Peer Review Category 2 Structures**
Financial Project ID: _____
Federal Aid Number: _____
Contract Number: _____

Submittal: **Final Bridge** _____ **Plans**
Submittal _____
Bridge Number(s): _____

Dear _____,

Pursuant to the requirements of the Contract Documents, _____ hereby certifies that an independent peer review of the above-referenced submittal has been conducted in accordance with ***FDM 121*** and all other governing regulations. Component plans that were included in the peer review are as follows:

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review, that all review comments have been adequately resolved, and that the plans are in compliance with all Department and FHWA requirements presented in the Contract Documents.

I have been provided with all 90% Department or Department Representative Electronic Review Comments (ERC). I certify that I have reviewed the comments and have considered these concerns in the Independent Peer Review. See attached 90% ERC comments.

I have also attached a current copy of the Firm's Independent Peer Review Prequalification Letter issued by the Department with the “Approval Rates” section redacted.

INDEPENDENT STANDARD PEER REVIEW CERTIFICATION LETTER
90% SUBMITTAL

Please do not hesitate to contact me if you have any questions.

Name of Independent Peer Review Firm _____

Name of Independent Peer Reviewer _____

Title _____

Florida Professional Engineer Lic. No. _____

[Insert Signature, Date and Seal here.]

Name of IPR Quality Assurance Manager _____

Title _____

Florida Professional Engineer Lic. No. _____

[Insert Signature, Date and Seal here.]

INDEPENDENT DEPARTMENT REVIEW CERTIFICATION LETTER 100% SUBMITTAL

Florida Department of Transportation
District _____

Attn: _____

Reference: **Independent Department Review Category 2 Structures**
Financial Project ID: _____
Federal Aid Number: _____
Contract Number: _____

Submittal: **90% Bridge** _____ **Plans**
Submittal _____
Bridge Number(s): _____

Dear _____,

Pursuant to the requirements of the Contract Documents, _____ hereby certifies that an independent department review of the above-referenced submittal has been conducted in accordance with ***FDM 121*** and all other governing regulations. Component plans that were included in the peer review are as follows:

Outstanding / Unresolved Comments and Issues:

INDEPENDENT DEPARTMENT REVIEW CERTIFICATION LETTER
100% SUBMITTAL

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review and are in compliance with all requirements presented in the Contract Documents. Independent Department Review comments and comment resolutions have been included in this submittal under separate cover.

I have also attached a current copy of the Firm's Independent Peer Review Prequalification Letter issued by the Department with the “Approved Rates” Section redacted.

Please do not hesitate to contact me if you have any questions.

Name of Independent Department Review Firm _____

Name of Independent Department Reviewer _____

Title _____

Signature _____

Florida Professional Engineer Lic. No. _____

INDEPENDENT DEPARTMENT REVIEW CERTIFICATION LETTER
90% SUBMITTAL

Florida Department of Transportation
District _____

_____

Attn: _____

Reference: **Independent Department Review Category 2 Structures**
Financial Project ID: _____
Federal Aid Number: _____
Contract Number: _____

Submittal: **Final Bridge** _____ **Plans**
Submittal _____
Bridge Number(s): _____

Dear _____,

Pursuant to the requirements of the Contract Documents, _____ hereby certifies that an independent department review of the above-referenced submittal has been conducted in accordance with ***FDM 121*** and all other governing regulations. Component plans that were included in the independent department review are as follows:

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review, that all review comments have been adequately resolved, and that the plans are in compliance with all Department and FHWA requirements presented in the Contract Documents.

I have been provided with all 90% Department or Department Representative Electronic Review Comments (ERC). I certify that I have reviewed the comments and have considered these concerns in the Independent Department Review. See attached 90% ERC comments.

INDEPENDENT DEPARTMENT REVIEW CERTIFICATION LETTER
90% SUBMITTAL

Please do not hesitate to contact me if you have any questions.

Name of Independent Department Review Firm _____

Name of Independent Department Reviewer _____

Title _____

Florida Professional Engineer Lic. No. _____

[Insert Signature, Date and Seal here.]

Name of IPR Quality Assurance Manager _____

Title _____

Florida Professional Engineer Lic. No. _____

[Insert Signature, Date and Seal here.]

Form 122-A

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
SUBMITTAL/APPROVAL LETTER

625-001-22a
ROADWAY DESIGN
11/25

To: _____ Date: _____
District or Turnpike Design Engineer

Financial Project ID: _____ New Const. ☐ RRR ☐ Other ☐ _____

Federal Aid Number: _____

Project Name: _____

State Road Number: _____ Co./Sec./Sub. _____

Begin Project MP: _____ End Project MP: _____

FHWA Project of Division Interest: Yes ☐ No ☐

Request for: Design Exception ☐ Design Variation ☐ Design Variation Memorandum ☐

Community Aesthetic Feature: Conceptual ☐ Final ☐

Re-submittal: Yes ☐ No ☐ Original Ref# _____-_____-_____

Requested for the following element(s):

☐ Design Speed ☐ Lane Width ☐ Shoulder Width ☐ Cross Slope

☐ Design Loading Structural Capacity ☐ Vertical Clearance ☐ Maximum Grade ☐ Stopping Sight Distance

☐ Superelevation ☐ Horizontal Curve Radius ☐ Other: _____

COMMENTS

Recommended by:

_____ Date _____

Name:
Responsible Professional Engineer or Landscape Architect (Landscape-Only Projects)

Approvals:

_____ Date _____ _____ Date _____

Name:
District or Turnpike Design Engineer

Name:
District Structures Design Engineer

Approvals:

_____ Date _____ _____ Date _____

Name:
State Roadway Design Engineer

Name:
State Structures Design Engineer

Approvals:

_____ Date _____ _____ Date _____

Name:
Chief Engineer

Name:
FHWA Division Administrator

Form 122-B

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

PROJECT DESIGN VARIATION MEMORANDUM

To: _____ Date: _____
District or Turnpike Design Engineer

Financial Project ID: _____ New Const. ☐ RRR ☐ Other ☐ _____

Design Speed: _____ Posted Speed: _____ Context Classification: _____

Federal Aid Number: _____

Project Name: _____

State Road Number: _____ Co./Sec./Sub. _____

Begin Project MP: _____ End Project MP: _____

Other Project Information: _____

Request for: Design Variation

For District Use Only

Design Element	MP: Beg-End	Existing	Proposed	Required	Attr. Crashes	Approved	Denied	Addl. Docum
1. _____	_____	_____	_____	_____	☐	☐	☐	☐
Justification:								
2. _____	_____	_____	_____	_____	☐	☐	☐	☐
Justification:								
3. _____	_____	_____	_____	_____	☐	☐	☐	☐
Justification:								
4. _____	_____	_____	_____	_____	☐	☐	☐	☐
Justification:								
5. _____	_____	_____	_____	_____	☐	☐	☐	☐
Justification:								
6. _____	_____	_____	_____	_____	☐	☐	☐	☐
Justification:								

Appendices: Yes ☐ No ☐

If yes, list appendices in order:

Recommended by:

_____ Date _____
Name:
Responsible Professional Engineer or Landscape Architect (Landscape-Only Projects) (Seal)

Approvals:

_____ Date _____
Name:
District or Turnpike Traffic Operations Engineer

_____ Date _____
Name:
District or Turnpike Design Engineer

To: Andra Diggs II, P.E., Turnpike Design Engineer Date: Enter a date

Financial Project ID: FPID

Project Name: Enter Project Name in full

FDM Version: FDM Version

Toll Site ID: Toll Site ID Toll Site #: Site #

Affected FDM Section(s): Include all Non-conforming sections

Tolling Deviation Description:

Identify the deviation. Provide detailed reasons/justification for the deviation. Attach plans, profiles, and sections for the deviation (If the deviation is identified and this letter is submitted as part of the final TSTM, additional documentation is not required). Recommend mitigations to the deviation that will be included in the design of the toll site.

Recommended by:

_____ Date: Enter a date.

Enter Engineer's Name

Approval:

_____ Date: Enter a date.

Andra Diggs II, P.E., Turnpike Design Engineer

Form 128-A

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DESIGN PLANS PHASE REVIEW

625-001-28a
ROADWAY DESIGN
11/25

DATE: _____

TO: _____

FROM: _____

COPIES: _____

SUBJECT: Response to _____ Phase Review

REF: Financial Project ID _____

FA Project Number _____

County _____

APPROVED:

_____

Responsible Professional Eng.
(Name of Consultant Firm)

CONCURRENCE:

_____

* District Design Engineer
* District Structures Design Engineer
* District Project Management Engineer

* As appropriate

DATE: _____

TO: _____

FROM: _____

COPIES: _____

SUBJECT: Response to _____ Component Review

REF: Financial Project ID _____

FA Project Number _____

County _____

APPROVED:

_____
Responsible Professional Eng.
(Name of Consultant Firm)

CONCURRENCE:

_____
* District Design Engineer
* District Structures Design Engineer
* District Project Management Engineer

* As appropriate

DATE: _____

TO: _____

FROM: _____

COPIES: _____

SUBJECT: Response to _____ Component Review

REF: Financial Project ID _____

FA Project Number _____

County _____

APPROVED:

_____
Responsible Professional Eng.
(Name of Consultant Firm)

CONCURRENCE:

_____
* District Design Engineer
* District Structures Design Engineer
* District Project Management Engineer

* As appropriate

MEMORANDUM

DATE: _____

TO: _____, Federal Aid Programs Manager

FROM: _____, Design Project Manager

COPIES: _____

SUBJECT: **PRELIMINARY ENGINEERING CERTIFICATION** (Federal Aid Projects Only)

Financial Project ID _____
Proposal/Contract ID _____
Federal Aid No. _____
County _____
Project Description _____

Preliminary Engineering (design) was funded with:

☐ State Funds under
Financial Project ID _____

☐ Federal Funds authorized under,
Federal Aid No. _____
Financial Project ID _____

The following projects, designed with the same Preliminary Engineering funds, will be strung to (awarded with) the subject project:
Federal Aid No. _____, Financial Project ID _____,
Federal Aid No. _____, Financial Project ID _____.

The Preliminary Engineering for the subject project is ☐ open/ ☐ closed. If open,

☐ it will be closed after PS&E authorization, or

☐ it is a district wide project. Task order number _____ for this project is closed. The financial number will be open for other projects.

☐ it will remain open for additional charges, as follows:

The FDOT Project Manager may be contacted at (phone): _____

REMINDER

Under "Preliminary Engineering (design) was funded with:"
The Financial Project ID should always have a 3X phase in it. 3X is for Preliminary Engineering (design). *Example: 415211-1-32 01 or 415211-1-31 01*

Preliminary Engineering Certification is required if Federal Funds are used for either Design or Construction phases.

18 KIP EQUIVALENT SINGLE AXLE LOADS (ESAL)

Financial Project ID _____

State Road No. _____

County _____

I have reviewed the 18 KIP Equivalent Single Axle Loads to be used for pavement design on this project. I hereby attest that these have been developed in accordance with the FDOT ***Project Traffic Forecasting Procedure*** using historical traffic data and other available information.

_____
Name

_____
Signature

_____
Title

_____
Organizational Unit

_____
Date

Financial Project ID _____

State Road No. _____

County _____

I have reviewed the Project Traffic to be used for design on this project. I hereby attest that it has been developed in accordance with the FDOT ***Project Traffic Forecasting Procedure*** using historical traffic data and other available information.

_____
Name

_____
Signature

_____
Title

_____
Organizational Unit

_____
Date

SAMPLE LOCAL AGENCY MAINTENANCE AGREEMENT FOR WORK PERFORMED BY THE DEPARTMENT

Financial Project ID: _____

Federal Aid No. _____

Local Agency: _____

Project Description: _____

Bridge No.: _____

MAINTENANCE AGREEMENT

THIS AGREEMENT, made and entered into on this _____ day of _____, 20__, by and between the STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION (hereinafter called "DEPARTMENT"), and _____, Florida (hereinafter called "LOCAL AGENCY");

WITNESSETH:

WHEREAS, the DEPARTMENT is preparing to undertake a project within the LOCAL AGENCY and LOCAL AGENCY identified and known to the parties by Financial Project I.D. _____ which will be of benefit to the LOCAL AGENCY; and

WHEREAS, approval of federal aid necessary to the project requires agreement by the LOCAL AGENCY to maintain the project;

NOW, THEREFORE, in consideration of the premises, the parties hereby agree as follows:

1. The DEPARTMENT will undertake the project and obtain approval of the Federal Highway Administration for federal participation.

2. Upon completion and acceptance, the LOCAL AGENCY will assume responsibility for maintenance of the project and will conduct such maintenance in accordance with approved state standards.

3. To the extent permitted by law, LOCAL AGENCY must indemnify, defend, and hold harmless the DEPARTMENT and all of its officers, agents, and employees from any claim, loss, damage, cost, charge, or expense arising out of any act, error, omission or negligent act by LOCAL AGENCY, its agents, or employees, during the performance of the Agreement, except that neither LOCAL AGENCY, its agents, or its employees will be liable under this paragraph for any claim, loss, damage, cost, charge, or expense arising out of any act, error, omission, or negligent act by the DEPARTMENT or any of its officers, agents, or employees during the performance of the Agreement**.** Nothing herein must waive the rights of sovereign immunity of either party.

4. In the event there are cost overruns, supplemental agreements (specifically incurred in the areas located off the State Highway System), and or liquidated damages not eligible to be paid for by federal funds due to the Federal Highway Administration determining that said costs are non-participating costs, the LOCAL AGENCY must be responsible for one hundred percent (100%) of the funds required to make up the shortfall not paid by federal funds. The Project is off of the "State Highway System," therefore, in accordance with ***Section 339.08(1), Florida Statutes***, State funding cannot be used for payments of non- participating costs on this Project. (Examples of non-participating items could be fishing piers; premium costs due to design or CEI errors or omissions; material or equipment called in for the plans but not used in the construction, as referenced in the Federal Aid Policy Guide 23, ***CFR Section 635.120***).

    a. Should such shortfalls occur, due to a determination that said costs are non-participating, the LOCAL AGENCY agrees to provide, without delay, a deposit within fourteen (14) calendar days of notification from the Department, to ensure that cash on deposit with the Department is sufficient to fully fund the shortfall. The Department must notify the LOCAL AGENCY as soon as it becomes apparent there is a shortfall; however, failure of the Department to so notify the LOCAL AGENCY must not relieve the LOCAL AGENCY its obligation to pay for its full participation of non-participating costs during the

SAMPLE LOCAL AGENCY MAINTENANCE AGREEMENT FOR WORK PERFORMED BY THE DEPARTMENT

Project and on final accounting, as provided herein below. If the LOCAL AGENCY cannot provide the deposit within fourteen (14) days, a letter must be submitted to and approved by the Department's project manager indicating when the deposit will be made. The LOCAL AGENCY understands the request and approval of the additional time could delay the project, and additional non-participating costs may be incurred due to the delay of the project.

5. The DEPARTMENT intends to have its final and complete accounting of all costs incurred in connection with the work performed hereunder within three hundred sixty days (360) of final payment to the Contractor. The Department considers the Project complete when the final payment has been made to the Contractor, not when the construction work is complete. All non-participating Project cost records and accounts must be subject to audit by a representative of the LOCAL AGENCY for a period of three (3) years after final close out of the Project. The LOCAL AGENCY will be notified of the final non-participating cost of the project. Both parties agree that in the event the final accounting of total non-participating costs pursuant to the terms of this Agreement is less than the total deposits to date, a refund of the excess will be made by the Department to the LOCAL AGENCY. If the final accounting is not performed within three hundred and sixty (360) days, the LOCAL AGENCY is not relieved from its obligation to pay.

6. In the event the final accounting of total non-participating costs are greater than the total deposits to date, the LOCAL AGENCY will pay the additional amount within forty (40) calendar days from the date of the invoice from the Department. The LOCAL AGENCY agrees to pay interest at a rate as established pursuant to Section 55.03, Florida Statutes, on any invoice not paid within forty (40) calendar days until the invoice is paid.

7. Any payment of funds under this Agreement provision will be made directly to the Department for deposit.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals on the day and year first above written.

_____,	STATE OF FLORIDA
LOCAL AGENCY OFFICIAL	DEPARTMENT OF TRANSPORTATION
By: _____	By: _____
Title: _____	District Secretary
_____	
(Type Name)	
ATTEST:	ATTEST:
_____	_____
Clerk (Seal)	Executive Secretary (Seal)
LEGAL APPROVAL:	LEGAL APPROVAL:
_____	_____
LOCAL AGENCY Attorney	Senior Attorney
_____	
(Type Name)	

DATE: _____

TO: _____, District Specifications

FROM: _____, Project Manager

COPIES TO:

SUBJECT: ITEMS OF WORK

Financial Project ID: _____ (GOES WITH _____)

County (Section): _____

* Project Description: _____

The plans package for the above referenced project includes the following items of work to be performed:

- ☐ Milling & Resurfacing
- ☐ Base Work
- ☐ Shoulder Treatment
- ☐ Drainage Improvements
- ☐ Curb & Gutter
- ☐ Traffic Signals
- ☐ Lighting
- ☐ Other (Please Specify)
- ☐ Highway Signing
- ☐ Guardrail
- ☐ Landscaping
- ☐ Box or Three-sided Culverts
- ☐ Bridges
- ☐ MSE Walls
- ☐ Sidewalks/Shared Use Path

Please include the county, project description and all items of work that apply in the *Intent and Scope* so they may be added to the advertisement description.

* The project description should only include the road number and the limits or location of the project.

DATE: _____

TO: _____

FROM: _____

(Final Review Office)

PROJECT NAME _____

FINANCIAL PROJECT ID _____

FEDERAL AID PROJECT NO. _____

CONTRACT ID NUMBER _____

COUNTY (SECTION) _____

STATE ROAD NUMBER _____

BRIDGE NUMBER _____

CONTRACTOR _____

ENGINEER OF RECORD _____

We are transmitting herewith the following Record Shop Drawings for archiving:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

For the Final Review Office: _____ _____

(Signature) (Date)

For the Receiving Office: _____ _____

(Signature) (Date)

Chassis Based Switches					
Number of Management Blades					
Backplane Capacity					
Number of Copper Ports					
Protocol Requirements					
Number Fiber Ports #1		Fiber Port Speed			
Number Fiber Ports #2		Fiber Port Speed			
Number Fiber Ports #3		Fiber Port Speed			
Number Power Supplies		Voltage (AC/DC)			
Optics Needed					
	Optic #1	Optic #2	Optic #3	Optic #4	Optic #5
# Required					
Speed Requirement					
Distance Required					
Require OEM					

Stack Aggregation Switches					
Number of Fiber Ports					
Number of Copper Ports					
Protocol Requirements					
Number Power Supplies		Voltage (AC/DC)			
Optics Needed					
	Optic #1	Optic #2	Optic #3	Optic #4	Optic #5
# Required					
Speed Requirement					
Distance Required					
Require OEM					

TRANSPORTATION MANAGEMENT PLAN (TMP) FORM

Responsible Professional Engineer: _____

FDOT Project Manager: _____

State Road: _____

Project Location: _____

Roadway ID: _____

Project Limits (MP): From _____ to _____

Project Description:

Financial Project ID: _____ New Const. ☐ RRR ☐

Federal Aid Number. _____ Other ☐ _____

FHWA Projects of Division Interest Yes ☐ No ☐

In accordance with the requirements of the FDOT Design Manual (FDM) Chapter 240, the following items determine the scope and need of a Transportation Management Plan (TMP). Complete the following checklist and provide brief descriptions of the items included, as appropriate.

Indicate if the project meets one or both of the following qualifying conditions as "significant project":

- ☐ A project that, alone or in combination with other concurrent projects nearby, is anticipated to cause sustained work zone impacts.
- ☐ All Interstate system projects within the boundaries of a designated Transportation Management Area (TMA) that occupy a location for more than three days with either intermittent or continuous lane closures.

If either or both above qualifying conditions are met, indicate compliance with the following documents in development of a TMP for the Project:

- ☐ ***FDOT Design Manual***
- ☐ ***FDOT Standard Plans***
- ☐ ***FDOT Standard Specifications for Road and Bridge Construction***
- ☐ ***FDOT Basis of Estimates Manual***
- ☐ ***Manual on Uniform Traffic Control Devices for Streets and Highways (MUTCD), Part 6***
- ☐ ***Policy on Geometric Design of Highways and Streets, AASHTO***
- ☐ ***Roadside Design Guide, AASHTO, Chapter 9***
- ☐ ***FDOT Accessing Transit Handbook, Chapter 4.6.***
- ☐ ***AASHTO Guide for the Development of Bicycle Facilities, 4th Edition, Chapter 7***

TMP Components:

Indicate that the following TMP Components have been addressed on the project:

- ☐ **Temporary Traffic Control Plan (TTCP)**
  - ☐ **Work Zone Speed Established**
    - ☐ Speed Reduction Required (Y/N)
    - ☐ If Yes, is the "*Work Zone Speed less than Existing Posted Speed"* documentation completed (Y/N)
  - ☐ **Lane Closure Analysis**
    - ☐ If included, was the *"Lane Closure Analysis Worksheet"* and any restrictions requiring approval completed (Y/N)

☐ **Traffic Pacing**

If included, was the *"Traffic Pacing Worksheet"* completed (Y/N)

Portable Changeable Message Signs

☐ If included, was the *"Portable Changeable Message Sign Worksheet"* completed (Y/N)

☐ **Bicycle, Pedestrian, and Transit Accommodations**

☐ **Railroads**

☐ Was the District Railroad Coordinator consulted (Y/N)

☐ **Utilities**

☐ Was the District Utility Coordinator consulted (Y/N)

☐ **Signals**

☐ Was the District Traffic Operations Engineer consulted (Y/N)

☐ **Speed and Law Enforcement Officer**

☐ Was the District Construction Office consulted or any usage requiring approval completed (Y/N)

☐ **Transportation Operations Plan (TOP):**

Briefly describe TOP components included on the project. If a comprehensive plan has been prepared, indicate below, and attach.

TOP Description:

☐ **Public Information Plan (PIP):**

Briefly describe PIP components included on the project. If a comprehensive plan has been prepared, indicate below, and attach.

PIP Description:

Form 241

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

LANE CLOSURE DESIGN VARIATION

625-002-18a
ROADWAY DESIGN
07/26

Date: _____
District: _____
County: _____
FPID: _____
SR: _____ Begin MP: _____ End MP: _____
Project Name: _____

LANE CLOSURE HOURS REQUESTED:

Number of Lanes Closed	Begin Closure Time	End Closure Time	Hours Proposed
1	X:XX pm	X:XX am	X.X hrs
2	X:XX pm	X:XX am	X.X hrs
3	X:XX pm	X:XX am	X.X hrs

RECOMMENDED BY:

_____ Date: _____
Name:
Responsible Professional Engineer

APPROVALS:

_____ Date: _____
Name:
District Design Engineer

_____ Date: _____
Name:
State Roadway Design Engineer

1. **Project Description**

2. **Justification for Approval**

3. **Description Of Work to Be Performed During Requested Lane Closure Times**

4. **Similar Projects (If Applicable)**

5. **Comparison Of Construction Days**

6. **Contractor/Construction Office Feedback**

7. **Alternative Designs or Strategies Considered**

APPENDIX

Provide the following items as appendices:

- Lane Closure Analysis with Traffic Counts used for analysis
- Roadway Typical Section(s) & relevant Plan Sheets (does not have to be entire plan set)
- Temporary Traffic Control General Notes & any TTC Plan Sheets that are relevant to the request (not necessary to include phases that do not use the requested lane closure times)
- Contractor feedback, if available
- Other additional information that the EOR may feel is helpful to provide justification for the request.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

INSTRUCTIONS FOR COMPLETING LANE CLOSURE DESIGN VARIATION

Instructions

1. Table showing Lane Closure Hours on the signature sheet may be modified (rows added/deleted) as needed.
2. In general, the time frame for allowable lane closures shown in the Lane Closure Analysis should match those being proposed in the Design Variation.
    a. If hours proposed ≥ analysis hours, no additional justification is necessary.
    b. If hours proposed < analysis hours, additional justification is required. A statement that the requested hours are based on district experience will not be considered adequate justification.

Project Description	Provide a brief description of the project
Justification for Approval	Describe the specific limitations of the project conditions and why a 10-hour lane closure cannot be provided. Strong justification is required for not meeting the 10-hour minimum. This must go beyond just showing time limitations from a Lane Closure Worksheet. Additionally, lane closure times < 10 hours requested from a local municipality should be documented and provided as part of the justification
Description of Work to be Performed During Requested Lane Closure Times	Describe the work expected to be accomplished during the lane closure hours proposed. Address whether the work can be accomplished within the requested timeframe. For example: if concrete is being poured, account for the time it takes to close the lane(s), prepare the site for the pour, the cure time, and the time it takes to re-open the lane(s). Can this be accomplished in < 10 hours adequately? Will the lane closures be used during all phases of construction? Or will they only be needed during a specific phase/phases? Describing the duration and number of occurrences of <10-hour lane closures during construction can help provide perspective of the request.
Similar Projects (if applicable)	Describe any projects that are similar in terms of scope of work, traffic volumes, and geographic location where a shorter (<10 hours) lane closure time was used in the past. Note what type of work was performed on the project using the shorter lane closure and whether any issues were encountered as a result of the shorter time.
Comparison of Construction Days	How many construction days are required for a 10-hour lane closure versus how many construction days are required for the proposed closure times? Describe which items of work were used in this calculation. Use construction rates found on Construction Office's website (https://www.fdot.gov/construction/schedulingeng/schedulingmain.shtm).
Contractor/Construction Office Feedback	If possible, seek input from a contractor on the proposed hours. If correspondence is only verbal, describe the discussion and outcome. If correspondence is via email, it can be provided as an attachment/appendix. At a minimum, provide feedback from the District Construction Office on the proposed lane closure times. Contractor feedback is extremely valuable for unique projects that include construction activities beyond simply milling and resurfacing (e.g., major reconstruction, concrete rehab projects, bridge strengthening projects, etc.).
Alternative Designs or Strategies Considered	Discuss any alternatives that were considered (e.g., use of detours, temporary pavement, directional/peak hour closures) and why they were not optimal or possible.
Appendix	Provide the following items as appendices: • Lane Closure Analysis with Traffic Counts used for analysis • Roadway Typical Section(s) & relevant Plan Sheets (does not have to be entire plan set) • Temporary Traffic Control General Notes & any TTC Plan Sheets that are relevant to the request (not necessary to include phases that do not use the requested lane closure times) • Contractor feedback, if available • Other additional information that the EOR may feel is helpful to provide justification for the request

Form 243-A

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

PORTABLE CHANGEABLE MESSAGE SIGNS WORKSHEET

625-002-43a
ROADWAY DESIGN
11/25

Location of board: _____

Used: from _____ at _____

to _____ at _____

Message programmed by: _____

MESSAGE 1

MESSAGE 2

Timing: _____

Message 1 will run: _____ seconds.

Message 2 will run: _____ seconds.

Standard Abbreviations For Use On Changeable Message Signs

Standard abbreviations easily understood are:

WORD	ABBREV.	WORD	ABBREV.
Boulevard	BLVD	Normal	NORM
Center	CNTR	Parking	PKING
Crossing	XING	Pedestrian	PED
Crosswalk	XWALK	Road	RD
Emergency	EMER	Service	SERV
Entrance, Enter	ENT	Shoulder	SHLDR
Expressway	EXPWY	Slippery	SLIP
Freeway	FRWY, FWY	Speed	SPD
Highway	HWY	Traffic	TRAF
Information	INFO	Travelers	TRVLRS
Left	LFT	Warning	WARN
Maintenance	MAINT		

Other abbreviations are easily understood whenever they appear in conjunction with a particular word commonly associated with it. These words and abbreviations are as follows:

WORD	ABBREV.	PROMPT
Access	ACCS	Road
Ahead	AHD	Fog*
Blocked	BLKD	Lane*
Bridge	BRDG	[Name]*
Chemical	CHEM	Spill
Construction	CONST	Ahead
Exit	EX, EXT	Next*
Express	EXP	Lane
Hazardous	HAZ	Driving
Interstate	I	[Number]
Major	MAJ	Accident
Mile	MI	[Number]*
Minor	MNR	Accident
Minute(s)	MIN	[Number]*
Oversized	OVRSZ	Load
Prepare	PREP	To Stop
Pavement	PVMT	Wet*
Quality	QLTY	Air*
Route	RT	Best*
Turnpike	TRNPK	[Name]*
Vehicle	VEH	Stalled*
Cardinal Directions	N, E, S, W	[Number]
Upper, Lower	UPR, LWR	Level

*** = Prompt word given first**

PORTABLE CHANGEABLE MESSAGE SIGNS WORKSHEET

The following abbreviations are understood with a **prompt** word by about 75% of the drivers. These abbreviations may require some public education prior to usage.

WORD	ABBREV.	PROMPT
Condition	COND	Traffic*
Congested	CONG	Traffic
Downtown	DWNTN	Traffic
Frontage	FRNTG	Road
Local	LOC	Traffic
Northbound	N-BND	Traffic
Roadwork	RDWK	Ahead [Distance]
Temporary	TEMP	Route
Township	TWNNSHP	Limits

*** = Prompt word given first**

Certain abbreviations are prone to inviting confusion because another word is abbreviated or could be abbreviated in the same way. **DO NOT USE THESE ABBREVIATIONS:**

ABBREV.	INTENDED WORD	WORD ERRONEOUSLY GIVEN
WRNG	Warning	Wrong
ACC	Accident	Access (Road)
DLY	Delay	Daily
LT	Light (Traffic)	Left
STAD	Stadium	Standard
L	Left	Lane (Merge)
PARK	Parking	Park
RED	Reduce	Red
POLL	Pollution (Index)	Poll
FDR	Feeder	Federal
LOC	Local	Location
TEMP	Temporary	Temperature
CLRS	Clears	Color