

**FLORIDA DEPARTMENT OF TRANSPORTATION – DISTRICT 4
LANE ELIMINATION REQUEST FORM**

DATE: _____

APPLICANT/CONTACT PERSON:

Name: _____

Address: _____

Phone: _____ **Email:** _____

PROJECT DESCRIPTION:

State Road No. _____ **Project Limits:** _____

Narrative (Provide detailed specifics):

Is the Roadway Designated Strategic Intermodal System or Connector? _____

Is the Roadway Designated an Evacuation Route? _____

When is the desired implementation date? _____

What is the funding source and implementation plan?

What is the overriding goal or function of the request? _____

Is roadway transfer being requested? _____

Describe consistency with the Long Range Transportation Plan and County Thoroughfare Map?

SUGGESTED DOCUMENTS FOR METHODOLOGY MEETING:

1. Preliminary Traffic Studies
2. Preliminary Plans and Typical Sections
3. Aerial Photographs
4. Elected Official, Stakeholder and Public Support Documentation
5. Conceptual Cost Estimate

Submit form to FDOT District 4 Planning and Environmental Management
3400 West Commercial Boulevard, Fort Lauderdale, Florida 33309
954-777-4601