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