

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

REQUEST FOR TEMPORARY CLOSING/SPECIAL USE OF STATE ROAD

INSTRUCTIONS: OBTAIN SIGNATURES OF LOCAL LAW ENFORCEMENT AND CITY/COUNTY OFFICIALS PRIOR TO SUBMITTING TO DEPARTMENT OF TRANSPORTATION. ATTACH ANY NECESSARY MAPS OR SUPPORTING DOCUMENTS.

Name of Organization \_\_\_\_\_ Person in Charge \_\_\_\_\_ Date \_\_\_\_\_

Address of Organization \_\_\_\_\_ Telephone Number \_\_\_\_\_

Title of Event \_\_\_\_\_

Date of Event \_\_\_\_\_ Starting time of Event \_\_\_\_\_ Duration of Event (approx) \_\_\_\_\_ Actual closing time (including setting up barriers, etc.) \_\_\_\_\_

Proposed Route (include State Road number, specific location, etc. include maps):

\_\_\_\_\_

Detour Route (include alternate routes – include maps)

\_\_\_\_\_

Name of Dept. responsible for traffic control etc. (City Police, Sheriff's Dept., Florida HWY Patrol, etc.) (include Precinct No.)

\_\_\_\_\_

Special Conditions:

\_\_\_\_\_

THIS SECTION IS TO BE COMPLETED WHEN PERMITTING SPECIAL USE OF A STATE ROAD FOR FILMING.

Licensed Pyrotechnics Operator \_\_\_\_\_ License No. \_\_\_\_\_

Approval of Local Fire Department \_\_\_\_\_

Liability Insurance Carrier \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

Coverage Amount \_\_\_\_\_ (\$1,000,000 Minimum)

Length of Coverage \_\_\_\_\_ Days

Federal Aviation Administration approval for low flying filming \_\_\_\_\_

Additional liability insurance amount \_\_\_\_\_ (\$5,000,000 Minimum)

\_\_\_\_\_

Typed Name and Title (include badge No. if appropriate) \_\_\_\_\_

Signature of Chief Law Enforcement Agency \_\_\_\_\_ / Date Signed \_\_\_\_\_

Typed Name and Title of City/Council Official \_\_\_\_\_

Signature of City/County Official \_\_\_\_\_ / Date Signed \_\_\_\_\_

AUTHORITIES: CHAPTER 14-65, FLORIDA ADMINISTRATIVE CODE: RULES OF THE DEPARTMENT OF TRANSPORTATION – TEMPORARY CLOSING AND SPECIAL USE OF STATE ROADS. SECTIONS 337.406(1), 496.06 AND 316.008, FLORIDA STATUTES.