

**STRUCTURE and/or RESTRICTION of WIDTH
CLOSING or REOPENING NOTICE**

Regional/District Location Address:

Contract No. :

Project No. :

County:

Project No. :

Project Supervisor:

Phone No:

LANE CLOSURE:

Date:

Route:

Log Mile:

RESTRICTION:

Horizontal:

Vertical:

DESCRIPTION OF LOCATION AND MAP(ATTACHED):

RESTRICTION OR CLOSURE TERMINATED:

Date:

Send to:

Tdot.permitoffice@tn.gov

615-532-9289