

PROJECT NOTIFICATION



Seattle
Department of
Transportation

SDOT Permit Number(s):

SDCI Permit Number(s):

PROJECT INFORMATION

Name of Project	
Address of Project	
Project Website	
Project Description	
Anticipated Project Start Date	
Anticipated Project End Date	
Duration of Project	

PROJECT CONTACT

24-Hour Contact Name	
Phone Number	
Email	

ASSOCIATED RIGHT-OF-WAY CLOSURES

Street	Between	ROW closures (e.g., sidewalk, parking lane, etc.)	Duration of closure	Hours of closure
	_____ & _____			

If you wish to report safety or mobility concerns at any time, please call 684-ROAD (7623).

MAP OF RIGHT-OF-WAY CLOSURES (IF PROJECT IS LONGER THAN SIX MONTHS)

