

## PROGRAM APPLICATION FOR LOCAL AGENCY PROJECTS ROAD AND SAFETY PROJECTS

Administered through MDOT Local Agency Programs (LAP)

This form must be completed, signed, sealed, and certified by a Licensed, Registered Professional Engineer, prior to scheduling the grade inspection meeting. **Submit all pages of this form.**

**PROJECT LOCATION AND LIMITS: Attach a Map showing the Project Location:**

ELIGIBLE APPLICANT AGENCY	DATE
PROJECT LOCATION	
PROJECT TERMINI From: _____ To: _____	
LENGTH OF PROJECT (miles)	ZIP CODE OF MAJORITY OF PROJECT LOCATION*
Is the project within urban limits? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which urban area? _____ Is the project within City/Village limits? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which City/Village? _____ Are other jurisdictions or municipalities involved? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, identify: _____	
NAME OF MPO OR RURAL TASK FORCE	TIP ID / SUB PROJECT NUMBER

Project Administration     Bid Contract     Force Account Project     Combination Bid and Force Account

\*This information is required by the State Administrative Board in order to approve the agreement and construction contract for this project.

**ROUTE TYPE:** from the National Functional Classification system maps, prepared by MDOT Bureau of Transportation Planning, which is available at [https://mdotcf.state.mi.us/public/maps\\_nfc/](https://mdotcf.state.mi.us/public/maps_nfc/)

URBAN <input type="checkbox"/> Principal Arterial <input type="checkbox"/> Minor Arterial <input type="checkbox"/> Urban Collector <input type="checkbox"/> Local	RURAL <input type="checkbox"/> Principal Arterial <input type="checkbox"/> Minor Arterial <input type="checkbox"/> Major Collector <input type="checkbox"/> Minor Collector <input type="checkbox"/> Local
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Is this project on the National Highway System (NHS):     Yes     No  
 Is this project on an All Season Route?     Yes     No

**EXISTING CROSS SECTION:**

Number of lanes: \_\_\_\_\_ at \_\_\_\_\_ feet, for a traveled roadway width, excluding curb & gutter of \_\_\_\_\_ feet  
 Type of Pavement \_\_\_\_\_  
 Width of Sidewalks \_\_\_\_\_ feet;     One side     Both sides     None  
 Curb and Gutter \_\_\_\_\_ feet,     One side     Both sides     None  
 Shoulders, per side    Paved Width \_\_\_\_\_ ft    Aggregate Width \_\_\_\_\_ ft    Total Shoulder Width \_\_\_\_\_ ft

**PROPOSED CROSS-SECTION:**

Number of lanes: \_\_\_\_\_ at \_\_\_\_\_ feet, for a traveled roadway width, excluding curb & gutter of \_\_\_\_\_ feet  
 Type of Pavement \_\_\_\_\_  
 Width of Sidewalks \_\_\_\_\_ feet;     One side     Both sides     None  
 Curb and Gutter \_\_\_\_\_ feet,     One side     Both sides     None  
 Shoulders, per side    Paved Width \_\_\_\_\_ ft    Aggregate Width \_\_\_\_\_ ft    Total Shoulder Width \_\_\_\_\_ ft

Sidewalks: The MPO and/or Task Force has included sidewalks as an eligible participating item     Yes     No

Detailed description of proposed work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESIGN GUIDELINES (Current “MDOT Local Agency Guidelines for Geometrics” applies):**

Current “Michigan Department of Transportation Local Agency Programs Guidelines for Geometrics”

- Section B – New Construction/Reconstruction (4R-AASHTO)       Section D – Preventive Maintenance (PM)
- Section C – Resurfacing, Restoration and Rehabilitation (3R)

**Note: For 3R projects, a crash analysis and a 3 year crash report must be attached**

- Current AASHTO “Guide for the Development of Bicycle Facilities”
- Current AASHTO “Guidelines for Geometric Design of Very Low-Volume Local Roads,” with the MDOT Engineering Operating Committee acceptance stipulations dated 3/25/04.

Posted Speed \_\_\_\_\_ mph                       Prima Facie                      Design Speed \_\_\_\_\_ mph

**Note: With no posted speed limit, the prima faFIH speed limit applies**

Present Average Daily Traffic: \_\_\_\_\_ with \_\_\_\_\_ % Commercial;  
 Future Average Daily Traffic \_\_\_\_\_ with \_\_\_\_\_ % Commercial; Calendar Year \_\_\_\_\_

**BRIDGE** Within project limits?  Yes  No If Yes, complete bridge form, page 13

**WORK ZONE SAFETY AND MOBILITY (WZS&M):**

All local agency projects have been determined to be “Significant”, according to the “Local Agency Policy for Work Zone Safety and Mobility” guidance.

The Local Agency has completed the appropriate actions and activities, has documented the completion of these tasks, and has completed the appropriate checklists included in the Policy.  Yes  No

Copies of these completed checklists are included in the Local Agency’s project file.  Yes  No

**PAVEMENT WARRANTIES:**

This project will include a warranty for pavement related items, in accordance with the Local Agency Warranty Program approved by FHWA, MDOT, County Road Association of Michigan, and the Michigan Municipal League.  Yes  No

**PARKING:**

	Prohibited	Not Prohibited	Parallel		Diagonal	
			One Side	Both Side	One Side	Both Side
Existing Dedicated Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Dedicated Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** Project proposing diagonal parking requires MDOT LAP approval of an appropriate engineering justification and safety analysis.

**FUNDING INFORMATION**

Approved Funding Source	From (S)TIP Approved Amount	Capped?	Percentage
Federal STP - Urban	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Federal STP - Rural	_____	Yes <input type="checkbox"/> No	_____ %
Economic Development, Category _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
HSIP (Safety)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Demonstration/Special/High Priority	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
CMAQ	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Other - Source _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Local Match, Source _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
<b>Total - Programmed (Participating) Funds</b>	_____		_____ %

**CURRENT ENGINEER'S CONSTRUCTION COST ESTIMATE**

**ESTIMATED COST - ELIGIBLE, PARTICIPATING CONSTRUCTION CONTRACT WORK:** \_\_\_\_\_

Force account work requires an approved justification and authorization from MDOT, **PRIOR TO BEGINNING ANY WORK.**

**ESTIMATED COST - ELIGIBLE PARTICIPATING FORCE ACCOUNT WORK:**

TYPE OR ITEM(S) OF WORK	TO BE PERFORMED BY	ESTIMATED COST
a)		
b)		
<b>SUBTOTAL OF ELIGIBLE, PARTICIPATING FORCE ACCOUNT WORK:</b>		
<b>SUBTOTAL - ESTIMATED CONSTRUCTION COST OF ELIGIBLE, PARTICIPATING WORK:</b>		_____

**ESTIMATED COST OF NON-PARTICIPATING CONSTRUCTION WORK: (DO NOT INCLUDE ENGINEERING FEES OR OTHER NON-CONTRACT ITEMS):**

TYPE OR ITEM(S) OF WORK	ESTIMATED COST
a)	
b)	
<b>SUBTOTAL - ESTIMATED COST - NON PARTICIPATING CONSTRUCTION WORK:</b>	
<b>TOTAL ESTIMATED CONSTRUCTION COST:</b>	

<b>PRELIMINARY ENGINEERING WILL BE PERFORMED BY:</b>		NAME OF AGENCY or CONSULTANT	
<b>CONSTRUCTION ENGINEERING WILL BE PERFORMED BY:</b>		NAME OF AGENCY or CONSULTANT	
PREPARED BY: (Signature of P.E.)	DATE	AFFIX LICENSE, REGISTERED PROFESSIONAL ENGINEER SEAL	
PREPARER'S TYPED NAME AND TITLE	PREPARER'S REGISTRATION NUMBER	EXPIRATION DATE	
PREPARER'S E-MAIL ADDRESS	PREPARER'S PHONE NUMBER		
ACCEPTED BY LOCAL AGENCY (Signature of Authorized Person Employed by the County, City or Village)			DATE
TYPED NAME AND TITLE			

**NATIONAL ENVIRONMENTAL PROTECTION ACT (NEPA) CERTIFICATION**

For grade inspection (GI) submittals made on or after October 1, 2019, the local agency will make its NEPA certification using MDOT Form 5323, available at the MDOT Form Repository website at <https://mdotjboss.state.mi.us/webforms/Home.htm>

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT**

Is a NPDES notice of Coverage (NOC) form required?  Yes  No

If "Yes", Complete the NOC form, submit it to Michigan Department of Environmental, Great Lakes, and Energy (EGLE), and maintain a file copy.

**FEDERAL AVIATION ADMINISTRATION (FAA)**

The project is located within 20,000 feet of a public use airport, airfield, or Military airport.  Yes  No

If "Yes", See FAA website at [oeaaa.faa.gov](http://oeaaa.faa.gov). Maintain all correspondence, including notification and permits, in the project file.

**MICHIGAN DEPARTMENT OF TRANSPORTATION (MDOT)**

Is construction proposed in any MDOT owned Right-of-Way?  No  Yes

Will traffic control devices such as temporary signs, barricades, lighted arrows, or message boards, be placed in any MDOT right-of-way during construction?  No  Yes

Are any electronic signs or control devices, such as traffic signals or pedestrian signals, either existing within the project limits or proposed to be constructed as part of this project?  No  Yes

If any answer above is yes, then contact the MDOT permit engineer and obtain a MDOT permit.

**UTILITY COORDINATION CERTIFICATION**

All private and municipal utility relocations, if required, will either be relocated prior to contract award or have been identified in the bid proposal's Notice to Bidders – Utility Coordination.  Yes  No

**RAILROAD CROSSING CERTIFICATION:** -

Within project limits?  Yes  No

If yes, Diagnostic Study Team Review Meeting Scheduled?  Yes  No Completed?  Yes  No

All construction that impacts an at-grade railroad crossing or railroad-highway grade separation will be coordinated with the MDOT Office of Rail. This includes work within the project limits as well as on alternate routes and detour routes. All applicable notices to bidders, special provisions, and coordination clauses will be included in the final bid proposal document. All required agreements and all applicable railroads force account authorizations will be executed before federal construction funds are obligated. -  Yes  No

**ATTACHMENT A**  
**Property Acquisition Information**  
 Page 1 of 1

**Submit a completed Attachment A to the MDOT LAP Staff Engineer as part of the Program Application. The LAP Staff Engineer will forward the completed Attachment A to the MDOT Real Estate Services Section for review.**

**NOTE: Failure to comply with these regulations and requirements could jeopardize the Local Agency's federal funding for all phases of this project as well as for future projects.**

ELIGIBLE APPLICANT AGENCY	DATE
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PROJECT LOCATION
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PROJECT TERMINI From: _____ To: _____
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**Project Information**

**NOTE: Property Acquisition includes obtaining any property right, including but not limited to permanent fee, permanent easements, temporary consents to construct, and grading permits and consent to water service replacement (owner/tenant)**

1. Is property acquisition required for this project?  
 Yes       No       Possible, but not known at this time
2. Do you anticipate any relocation as part of this project?  
 Yes       No       Possible, but not known at this time
3. Do you anticipate any water service replacement?  
 Yes, name the Water Authority Owner: \_\_\_\_\_  No       Possible, but not known at this time
4. Contact information for the person/company who will be acquiring the property.

NAME	COMPANY
E-MAIL ADDRESS	TELEPHONE NUMBER

- STAFF                                       CONSULTANT                                       UNKNOWN

**Project Compliance & Certification:**

1. I agree to comply with all applicable State and Federal laws and regulations when acquiring property for this project, including:
  - Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (Uniform Act)
  - 23 CFR Parts 635, 710, 810 and 49 CFR Part 24
  - Uniform Condemnation Procedures Act (Act 87 of 1980)
  - The current MDOT Real Estate Manual and additional guidance and information can be found on MDOT's website: [Real Estate Guidance and Information](#).
2. I understand that all property acquisition requires that just compensation be determined by a Waiver Valuation or Appraisal/Appraisal Review and that the property owner must be offered just compensation based on the Waiver Valuation or Appraisal/Appraisal Review.
3. I understand that staff acquiring property on this project must understand and comply with all applicable State and Federal laws and regulations.

BY: (Signature of Authorized Person Employed by the Eligible Applicant Agency)	DATE
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NAME / TITLE
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E-MAIL ADDRESS	TELEPHONE NUMBER
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**ATTACHMENT "B"**  
**Property Acquisition Certification**  
**Page 1 of 2**

**Do not submit Attachment B to Local Agency Programs until all the required property has been acquired. Submittal must be received by LAP before funds can be obligated, and at least four weeks before the expected advertisement date.**

ELIGIBLE APPLICANT AGENCY	DATE
PROJECT LOCATION	
PROJECT TERMINI From: _____ To: _____	

**Property Acquisition Certification:**

- The project **did not** require the acquisition of additional property located outside of the existing public right of way, including permanent fee, permanent easement and temporary property rights. **If this item is checked, go to Project Certification Section on the following page.**
  
- The project **did** require the acquisition of additional property located outside of the existing public right of way, including permanent fee, permanent easement and temporary property rights. I certify that all property was acquired in accordance with FHWA regulations promulgated under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (Uniform Act), the Uniform Condemnation Procedures Act (Act 87 of 1980) and MDOT's current Real Estate Manual.

- **Number of parcels (different owners) acquired for this project:** \_\_\_\_\_

**Total Instruments Acquired**

Permanent Fee (Total Take):	_____
Permanent Fee (Partial Take):	_____
Easement (Permanent):	_____
Temporary consents to construct, or grading permits:	_____
Water service replacement consents:	_____

- **The Local Agency must keep the following acquisition documentation in each of its separate parcel files:**
  - Title evidence (Title Commitment for permanent acquisitions and Tax Records for temporary acquisitions)
  - Waiver Valuation or Appraisal/Appraisal Review
  - Written Good Faith Offer Letter showing just compensation was offered to the property owner based on the fair market value established by the Waiver Valuation or Appraisal/Appraisal Review
  - Instruments of Conveyance (Executed and recorded documents for permanent property rights acquired and executed documents for temporary property rights acquired)
  - Memos of Negotiation (Acquisition Agent's detailed notes about the acquisition)
  
- **The Local Agency must keep the following relocation documentation in each of its separate parcel files, as applicable:**
  - Not Applicable
  - Relocation eligibility notice
  - Replacement housing determination or replacement rental determination
  - Relocation claims and payment documentation

**ATTACHMENT "B"**  
**Property Acquisition Certification**  
**Page 2 of 2**

**Project Certification**

This certifies that the Local Agency has legal and physical possession of all right of way required for construction, operation and maintenance of this project, including all permanent fee, permanent easement and temporary property rights.

This certifies that the Local Agency acquired all right of way in accordance with FHWA regulations promulgated under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (Uniform Act) and the Uniform Condemnation Procedures Act (Act 87 of 1980) and MDOT's current Real Estate Manual.

This certifies that the Local Agency has secured permission from all real property interests necessary to complete the water service line replacement work outside the right of way to be in compliance with 23 CFR 645.111 Right-of-way (Subpart A-Utility Relocations, Adjustments, and Replacements), if applicable.

The \_\_\_\_\_ has legal and physical possession of **all** the property  
 (Eligible Applicant Agency)  
 necessary for the construction, operation, and maintenance of this project.

BY: (Signature of Authorized Person Employed by the Eligible Applicant Agency)			DATE
NAME AND TITLE			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		E-MAIL ADDRESS	

**NOTE:** Failure to acquire and provide adequate documentation of legal possession of all property required for construction, operation and maintenance of this project, including all permanent fee, permanent easement and temporary property rights will jeopardize obligation of state and federal funds and advertising and letting of the project.

**Adequate documentation includes all documentation outlined on the previous page.**

**PROJECT ENGINEER AND PROFESSIONAL REGISTRATIONS  
AND CERTIFICATIONS  
Page 1 of 2**

This form must be completed, signed, sealed, and certified by the Project Engineer prior to the grade inspection meeting.

**The County, City, or Village is required to immediately notify the MDOT TSC, in writing, of all changes in staff listed below, during the project. Failure to provide accurate documentation and/or failure to maintain the required information may cause construction to immediately stop, and may result in the withdrawal of federal and/or state funding, and may jeopardize future federal and/or state funding.**

PROJECT LOCATION \_\_\_\_\_

There will be \_\_\_\_\_ (number) Licensed, Registered Professional Engineers, licensed in Michigan, assigned to this project (minimum required is 1). The Professional Engineers are:

The lead Professional Engineers or are also assigned to \_\_\_\_\_ other projects that will be under construction during the same time period as this project.

Number of federal aid projects that the Professional Engineers have been assigned the lead role for construction engineering:

\_\_\_\_\_ current working on

\_\_\_\_\_ past 5 years not including current projects

The Certified Computerized Office Technician assigned to the project is \_\_\_\_\_

List all AASHTO accredited laboratories that will be used to conduct all required testing.

List the Michigan Licensed Land Surveyor (person and company) that will be utilized for all project work that requires a licensed land surveyor.

A total of \_\_\_\_\_ (number) of Certified Construction Technicians are assigned to this project. The Technicians assigned have obtained the following certifications (please check all that apply):

- Michigan Concrete Field Testing – Level 1 (MCA or MCPA)
- MDOT Density Technology Certification
- MDOT Bituminous Paving or Bituminous Paving Operations
- Michigan Certified Aggregate Technician
- Michigan Certified Bituminous Laboratory Technician (Level 1)
- Michigan Bit QC/QA Technician (Level 2)
- SESC (Soil Erosion and Sedimentation Control)
- Storm Water Operator (SWO) requirement for NPDES National Pollutant Discharge Elimination System

**NOTE: A copy of the NRC Nuclear Density Gauge License shall be placed in the project file for all nuclear density gauge used on the project.**

I, \_\_\_\_\_ do certify that we own and are trained, or

(Authorized Person Employed by the Eligible Applicant Agency)

have hired \_\_\_\_\_

who is trained, to use the following (check all that apply)

- Field Manager and necessary computer equipment
- All necessary equipment to perform density inspection and testing as required in Divisions 2 & 3 of the 2012 MDOT Standard Specifications for Construction, all applicable Frequently Used Special Provision (FUSP's), and MDOT Materials Quality Assurance Procedures Manual;



**PROJECT ENGINEER AND PROFESSIONAL REGISTRATIONS  
AND CERTIFICATIONS  
Page 2 of 2**

- All necessary equipment to perform aggregate inspection and testing as required by the MDOT Standard Specifications for Construction, all applicable FUSP's, and the MDOT Materials Quality Assurance Procedures Manual;
- All necessary equipment to perform hot mix asphalt testing as required by the MDOT Standard Specifications for Construction, all applicable FUSP's for hot mix asphalt, Hot Mix Asphalt QC/QA Procedures Manual of Field Testing, and Materials Quality Assurance Procedures Manual; and/or
- All necessary equipment to perform Portland Cement Concrete inspection and testing as required by the MDOT Standard Specifications for Construction, all applicable FUSP's, and MDOT Materials Quality Assurance Procedures Manual.

A total of \_\_\_\_\_(number) personnel are assigned to this project who are knowledgeable in the use of these items (check all that apply)

- MDOT Standard Specifications for Construction
- MDOT Construction Manual
- MDOT HMA Production Manual
- Applicable Michigan Test Methods
- MDOT Road and Bridge Standard Plans
- Density Control Handbook
- Procedures for Aggregate Inspection
- MDOT Materials Quality Assurance Procedures Manual
- MDOT Hot Mix Asphalt QC/QA Procedures Manual

**Based on the information included on these two pages, this local agency appears to be adequately staffed and suitably equipped to complete the construction engineering requirements for this project.**

SIGNATURE (Authorized person employed by the Eligible Applicant Agency)		DATE		
SIGNATURE (Project Engineer)		DATE		
PROJECT ENGINEER'S TYPED NAME AND TITLE		AFFIX LICENSED PROFESSIONAL ENGINEER'S SEAL		
PROJECT ENGINEER'S REGISTRATION NO.	EXPIRATION DATE			
PROJECT ENGINEER'S FIRM NAME, IF APPLICABLE				
ADDRESS		CITY	STATE	ZIP CODE
PROJECT ENGINEER'S PHONE NUMBER		PROJECT ENGINEER'S E-MAIL ADDRESS		

**PUBLICLY EMPLOYED PROJECT ENGINEER STATEMENT**

- **Complete either this statement, or**
- **The Project Engineer’s Statement (Page 11) and the Project Supervisor Statement (Page 12) and submit all to Local Agency Programs PRIOR to the grade inspection.**

The \_\_\_\_\_ has designated \_\_\_\_\_  
 (Eligible Applicant Agency) (Name of Project Engineer)

as the Project Engineer for the following project:

PROJECT LOCATION \_\_\_\_\_

AUTHORIZED SIGNATURE (Authorized Person Employed by the Eligible Applicant Agency)	DATE
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TYPED NAME AND TITLE \_\_\_\_\_

I, \_\_\_\_\_, as the Publicly Employed Project Engineer, shall be the sole representative responsible for the project. This responsibility shall not be delegated to anyone else.

Michigan Department of Transportation personnel will, in all cases, deal directly with me, the Publicly Employed Project Engineer, during the construction phase of the project.

The Publicly Employed Project Engineer shall (at a minimum):

- 1) Be considered in responsible charge of the project;
- 2) Prepare and maintain the project record files;
- 3) Sign all construction documents;
- 4) Attend the grade inspection meeting and the pre-construction meeting
- 5) Be available for meetings with the Michigan Department of Transportation, the local agency, the certified inspectors, and/or the contractor;
- 6) Assure that the plans, specifications and proposal are followed and approve all changes or modifications to the plans, specifications or proposal;
- 7) Assure that the construction inspectors are currently certified, as required;
- 8) Be a Licensed Professional Engineer in the State of Michigan; and
- 9) Attend the final project review meeting.

SIGNATURE (Publicly Employed Project Engineer)	DATE
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PUBLICLY EMPLOYED ENGINEER'S TYPED NAME AND TITLE	AFFIX LICENSED PROFESSIONAL ENGINEER'S SEAL
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PUBLICLY EMPLOYED ENGINEER'S REGISTRATION NO.	EXPIRATION DATE		
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PUBLICLY EMPLOYED ENGINEER'S FIRM NAME, IF APPLICABLE			
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ADDRESS	CITY	STATE	ZIP CODE
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PUBLICLY EMPLOYED ENGINEER'S PHONE NUMBER	PUBLICLY EMPLOYED ENGINEER'S E-MAIL ADDRESS
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**PROJECT ENGINEER STATEMENT**

- **Complete either this statement and the Project Supervisor Statement (Page 12) or**
- **The Publicly Employed Project Engineer Statement (Page 11) and submit all to Local Agency Programs PRIOR to the grade inspection**

The \_\_\_\_\_ has designated \_\_\_\_\_  
 (Eligible Applicant Agency) (Name of Project Engineer)

as the Project Engineer for the following project:

PROJECT LOCATION \_\_\_\_\_

AUTHORIZED SIGNATURE (Authorized Person Employed by the Eligible Applicant Agency)	DATE
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TYPED NAME AND TITLE \_\_\_\_\_

I, \_\_\_\_\_, as the Project Engineer, shall be the sole representative responsible for the project. This responsibility shall not be delegated to anyone else.

Michigan Department of Transportation personnel will, in all cases, deal directly with me, the Project Engineer, during the construction phase of the project.

In this regard I, as the Project Engineer, shall (at a minimum):

- 1) Be considered in responsible charge of the project;
- 2) Prepare and maintain the project record files;
- 3) Sign all construction documents;
- 4) Attend the grade inspection meeting and the pre-construction meeting;
- 5) Be available for meetings with the Michigan Department of Transportation, the local agency, the certified inspectors, and/or the contractor;
- 6) Assure that the plans, specifications and proposal are followed and approve all changes or modifications to the plans, specifications, or proposal;
- 7) Assure that the construction inspectors are currently certified, as required;
- 8) Be a Licensed Professional Engineer in the State of Michigan; and
- 9) Attend the final project review meeting.

SIGNATURE (Project Engineer)	DATE
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PROJECT ENGINEER'S TYPED NAME AND TITLE	AFFIX LICENSED, REGISTERED PROFESSIONAL ENGINEER'S SEAL
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PROJECT ENGINEER'S REGISTRATION NO.	EXPIRATION DATE		
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PROJECT ENGINEER'S FIRM NAME, IF APPLICABLE			
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ADDRESS	CITY	STATE	ZIP CODE
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PROJECT ENGINEER'S PHONE NUMBER	PROJECT ENGINEER'S E-MAIL ADDRESS
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**PROJECT SUPERVISOR STATEMENT**

- **Complete either this statement and the Project Engineer Statement (Page 11), or**
- **The Publicly Employed Project Engineer Statement (Page 10) and submit all to Local Agency Program PRIOR to the grade inspection.**

The \_\_\_\_\_ has designated \_\_\_\_\_  
 (Eligible Applicant Agency) (Name of Project Supervisor)

as the Project Engineer for the following project:

PROJECT LOCATION

PROJECT TERMINI

From: \_\_\_\_\_ To: \_\_\_\_\_

In this regard, the Project Supervisor, shall (at a minimum):

- 1) Be a full time employee of the local agency;
- 2) Approve for funding all construction documents prepared and signed by the Project Engineer;
- 3) Attend the grade inspection meeting and the pre-construction meeting;
- 4) Be available for meetings with the Michigan Department of Transportation and/or the Project Engineer
- 5) Assure that the project record files are maintained;
- 6) Be in attendance at the final project review.

SIGNATURE (Project supervisor)	DATE
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PROJECT SUPERVISOR'S TYPED NAME AND TITLE

PROJECT SUPERVISOR'S ADDRESS	CITY	STATE	ZIP CODE
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PROJECT SUPERVISOR'S PHONE NUMBER	PROJECT SUPERVISOR'S E-MAIL ADDRESS
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**BRIDGE INFORMATION**

- A bridge IS within the project limits. Fill out this form and submit with the Program Application.
- A bridge is NOT within the project limits. Skip this form and continue with remainder of application.

PROJECT LOCATION \_\_\_\_\_

**EXISTING STRUCTURE:**

Number of spans: \_\_\_\_\_ at \_\_\_\_\_ ft. for a total overall length: \_\_\_\_\_ ft. Posted load restriction of \_\_\_\_\_ tons

Clear Roadway width: \_\_\_\_\_ ft. Sidewalk Width: \_\_\_\_\_ ft. Railing Type: \_\_\_\_\_

Structure Type: \_\_\_\_\_ Approx. Year built: \_\_\_\_\_

Can the existing structure be rehabilitated?  Yes  No

Explain: \_\_\_\_\_

**1. IF NO WORK IS PROPOSED ON THE BRIDGE:**

- A. If the existing bridge was not designed to AASHTO LRFD standards, then do the existing railings meet the 10 kip static load requirements?  Yes  No
- B. Type of bridge deck: \_\_\_\_\_  
If the deck is bituminous over concrete, is there an existing waterproof membrane?  Yes  No  
If no, then it is strongly recommended that the existing bituminous be removed, an acceptable bridge deck protective system be placed on the bridge and item #2 below, be completed.
- C. The current estimated load carrying capacity meets:  
 Current AASHTO for bridges to remain in place  Current 3R Guidelines  
 Neither, complete item #2, below
- D. The current clear roadway width is \_\_\_\_\_ ft. and meets:  
 Current AASHTO for bridges to remain in place  Current 3R Guidelines  
 Neither, complete item #2, below

**2. IF WORK IS PROPOSED ON THE BRIDGE:**

If the existing clear roadway width, structural capacity or bridge railing does not meet the current 3R guidelines, then the bridge must be evaluated for widening, rehabilitation, railing, upgrading and/or replacement. If the structure is to be replaced or have major rehabilitation, then it must meet current AASHTO standards for new construction. If the project is only Preventive Maintenance, and proposes only deck resurfacing, then railing upgrades are not required.

Proposed work:  Upgrade railing to the 10 kip requirements  Deck resurfacing  
 Deck replacement\* (major rehabilitation)  Widening\* (major rehabilitation)

\*Pages 15-20 of the Program Application for Local Agency Bridge Projects (MDOT Form 0258) must be completed and enclosed with this application.

**3. BICYCLE OR SHARED USE PATH ON EXISTING OR NEW BRIDGE:**

- A. Will the project include a bike path(s) or share use path(s) on a bridge?  Yes  No  
If Yes, will the bridge cross section provide the required separation between the path and the roadway and/or the required clear area between the path and railings to meet the current AASHTO requirements for bicycle and/or shared used facilities?  Yes  No
- B. Is the bridge over a moving watercourse?  Yes  No  
If Yes, then it is highly recommended that scour be considered and the following table must be completed:

**SUMMARY OF HYDRAULIC ANALYSIS**

Flood Data	Existing			Proposed			Change in WS El ____ U/S of Proposed Structure (ft)
	Discharge (cfs)	Water Surface Elev. At U/S Face of Structure (ft)	Velocity in D/S Channel (ft./s)	Water Surface Elev. At U/S Face of Structure (ft.)	Velocity in D/S Channel (ft./s)	Waterway Area (Sq. Ft.) at D/S Face	
50-Year							
100-Year							

MAXIMUM BRIDGE AREA BELOW LOW CHORD IS \_\_\_\_\_ SQUARE FEET