

NOTIFICATION OF PROPOSED PROJECT INVOLVING A PUBLIC RAILROAD CROSSING

INSTRUCTIONS: TO BE COMPLETED BY ROAD AUTHORITY OR RAILROAD.
PLEASE ATTACH A COPY OF APPLICABLE PLANS IF AVAILABLE.

Road Project - MDOT will determine if a diagnostic review is needed.

New Crossing - A review is required for new public roadways or trails proposed to cross a rail line, or for new rail lines to cross an existing public roadway or trail.

Other - _____

DATE: _____ MDOT JOB #: _____ LAP CONTACT: _____

CROSSING IDENTIFICATION

NAME OF EXISTING OR PROPOSED ROAD/TRAIL		ROAD AUTHORITY	
COUNTY		CITY/VILLAGE/TOWNSHIP	
RAILROAD	NATIONAL INVENTORY #	TRAIN MOVES (Projected if new track) _____ PER _____ (DAY/WEEK/ETC)	
CURRENT ADT	YEAR	PROJECTED ADT (Max. 5 years out)	YEAR

WRITTEN DOCUMENTATION OF CURRENT ADT (WITHIN 3 YEARS/24 HOUR STUDY) MUST BE PROVIDED AT THE REVIEW.

PROJECT INFORMATION

BRIEF DESCRIPTION OF PROPOSED PROJECT (Attach additional sheets if necessary)

DESCRIPTION OF PLANNED TRAFFIC CONTROL AT CROSSING DURING CONSTRUCTION

PROXIMITY OF WORK TO NEAREST RAIL IN CROSSING: _____ ft	SOURCE OF ROAD FUNDING (Check one): Local / Federal-aid	
MDOT JOB #:	LAP CONTACT:	
ROADWAY DIMENSIONS	CURRENT	PLANNED
Number of Lanes		
Total Road Width		
Shoulder Width		
Curb & Gutter	YES NO	YES NO
WILL ROADWAY ELEVATION CHANGE IN RELATION TO CROSSING ELEVATION? YES NO	WILL ALIGNMENT OF THE ROADWAY CHANGE? YES (If yes, please explain above). NO	
PROPOSED CONSTRUCTION START DATE	SOURCE OF FUNDS FOR POTENTIAL RAILROAD SURFACE/SIGNAL WORK	

CONTACT INFORMATION

NAME/TITLE	PHONE	FAX	
ORGANIZATION	E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE

Please complete all sections and return with a copy of applicable plans if available, to:
Ms. Tina Hissong, Manager, MDOT Rail Safety Section, 425 West Ottawa, Lansing, Michigan 48909,
Email: hissongt@michigan.gov, Phone: (517) 335-2592, Fax: (517) 373-0856.