Michigan Department of Transportation 1425 (10/20)

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 or TAP | CONTACT: | | | 9 | |
| | | CROSSING I | DENTIFICATION | 1 | | | , , , , , , , , , , , , , , , , , , , | |
| NAME OF EXISTING OR PROPOSED ROAD/TRAIL | | | ROAD AUTHORITY | | | | | |
| COUNTY | | | CITY / VILLAGE / TOWNSHIP | | | | | |
| RAILROAD | NATIONAL INV | ENTORY# | TRAIN MOVES (Projected if new track) PER (DAY/WEEK/ETC) | | | | | |
| CURRENT ADT YE | | YEAR | PROJECTED ADT (Max. 5 years out) YEAR | | | AR | | |
| WRITTEN DOCUMENTAT | TION OF CURREN | T ADT (WITHIN 3 Y | EARS / 24 HOUR S | TUDY) MUST BE PI | ROVIDE | D AT THE RE | VIEW. | |
| | | PROJECT I | NFORMATION | | | | | |
| DESCRIPTION OF PLANNED TR | RAFFIC CONTROL | AT CROSSING DU | RING CONSTRUCT | ION | | | | |
| PROXIMITY OF WORK TO NEA | REST RAIL IN CRO | OSSING:ft | SOURCE OF RO | DAD FUNDING (Che | eck one): | Local / | Federal-aid | |
| ROADWAY DIMENSIONS | | CURRENT | | Ti- | PLANNED | | | |
| Number of Lanes | | | | | | | | |
| Total Road Width | | | | | | | | |
| Shoulder Width | | | | | | | | |
| Curb & Gutter | , | YES NO | 1 | YES | 3 | 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 ST | FART DATE SO | URCE OF FUNDS I | FOR POTENTIAL RA | AILROAD SURFACE | / SIGNA | AL WORK | | |
| ~ | 54 | CONTACT | INFORMATION | | | | | |
| NAME / TITLE | | | PHONE | 1 | FAX | | | |
| ORGANIZATION | | | E-MAIL | | | | | |
| ADDRESS | | | CITY | 1 | STATE | ATE ZIP CODE | | |