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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF TRANSPORTATION  
NORTH REGION FIELD OPERATIONS

KIRK T. STEUDLE  
DIRECTOR

**Work Zone Safety and Mobility Policy  
Traffic Control Plan  
Notification of Lane Closure**

The Michigan Department of Transportation will have a lane closure set up on

\_\_\_\_\_  
*Location*

Dates for this scheduled ☐ Daytime only lane closure / ☐ 24 hour lane closure will be  
from \_\_\_\_\_ to \_\_\_\_\_  
*Date* *Date*

Lane is expected to be closed: ☐ Monday - Thursday, \_\_\_\_\_ a.m. - \_\_\_\_\_ p.m.  
☐ Monday - Friday, \_\_\_\_\_ a.m. - \_\_\_\_\_ p.m.  
☐ Monday - Sunday, 24 hours  
☐ Other \_\_\_\_\_

Work to be performed: \_\_\_\_\_

Traffic will be maintained by M.D.O.T. Traffic control plan # \_\_\_\_\_

As found on the MDOT web page @ [http://www.michigan.gov/documents/zonecontrol\\_112912\\_7.pdf](http://www.michigan.gov/documents/zonecontrol_112912_7.pdf)

In case of an emergency you can reach MDOT Crew Leader:

\_\_\_\_\_ at Cell # \_\_\_\_\_  
*Crew Leader's Name*

OR \_\_\_\_\_ Phone # \_\_\_\_\_  
*Alternate Contact (Supervisor / Facility)*

Any other questions or concerns may be directed to: (Check one)

Alpena Transportation Service Center..... (989) 356-2231  
Cadillac Transportation Service Center..... (231) 775-3486  
Gaylord Transportation Service Center ..... (989) 731-5090  
Traverse City Transportation Service Center..... (231) 941-1986  
MDOT North Region Office in Gaylord..... (989) 731-5090

Thank you,

\_\_\_\_\_  
*Signature, Title*

\_\_\_\_\_  
*Date*

# Instructions for Work Zone Safety and Mobility Policy Traffic Control Plan, Notification of Lane Closure

Fill in blanks on Form #1898, Fillable Lane Closure with:

1. **Complete form** at least a day prior to closure (*except in the case of an emergency*)

2. **Fill in appropriate information boxes:**

Location: Road(s) involved, junction, bridge, etc. as well as County

Check Daytime only lane closure or 24 hour lane closure

Dates: Beginning date to expected end date

Times: Indicate appropriate times for closure

Work to be performed: brief description of work, i.e. Bridge joint replacement, etc.

Traffic Control Plan # as determined in Work Zone manual

Crew Leader information, Name, cell phone number,

Alternate name and Phone number (Supervisor of Crew Leader)

Check the Facility applicable

Sign (or type name) Date

3. **After complete, email to:**

Crew Leader's Supervisor

TSC Manager and / or TMC, as applicable

Region Communication Specialist (James Lake): [LakeJ1@michigan.gov](mailto:LakeJ1@michigan.gov)

Region TMS (Rick Tyrer): [TyrerR@michigan.gov](mailto:TyrerR@michigan.gov)

MDOT-STOC team: ([MDOT-STOC@michigan.gov](mailto:MDOT-STOC@michigan.gov)) to post on MI-

Drive State Police Central Dispatch: [Haagj@michigan.gov](mailto:Haagj@michigan.gov)

(for Mason, Lake & Osceola Counties ONLY): [Carlsent@michigan.gov](mailto:Carlsent@michigan.gov)

Bridge Inspector (if bridge is involved in closure): [OlsonT1@michigan.gov](mailto:OlsonT1@michigan.gov)

County Road Commission – in area of closure

4. **Fax to:**

Closure's area law enforcement agencies (other than State Police)