

OPEN DITCH 3R/4R FREEWAY WORK ZONE WIDTH VARIANCE REQUEST

INSTRUCTIONS: Please complete this form for all 3R/4R Freeway projects which will have a lane width of less than 11 feet and/or a shoulder that is next to an open ditch and less than 2 feet paved, 1 foot aggregate to hinge point. In addition, a 1 foot minimum, 2 foot optimal shy distance to the temporary traffic control device should be maintained. See diagram on page 3 for additional information.

Submit the completed form to the Work Zone Management Unit Supervisor, DeBoerM@Michigan.gov and any supporting material via e-mail, with a link to ProjectWise to request an exception.

Please note that the Temporary Traffic Control Plan must include the completed form at a minimum, for the Traffic and Safety Statewide Alignment Team (TSSAT) to review your submittal. Additional information should be provided, if it is relevant to the variance request. **Any reasons for not meeting the Edge Drop Guidance as found in the Work Zone Safety Mobility Manual must be detailed where applicable.**

CONTACT INFORMATION

CONTACT NAME	TELEPHONE NUMBER
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PROJECT DESCRIPTION

CONTROL SECTION	JOB NUMBER
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PROJECT DESCRIPTION

PLAN COMPLETION DATE	LET DATE
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Will this project be significant: Yes No Maybe (Please explain below or in an attachment)

CONSTRUCTION STAGING

Please attach your MOT (Maintenance of Traffic) stage construction sheets. Please provide cross section typicals, of the existing roadway and the work zone, specifically detailing lane and shoulder widths, shy distances, and work space. Also please include an anticipated duration for each stage, to the best of your knowledge at the time of submittal.

TRAFFIC CONTROL STRATEGIES

Please note if other options were considered, what they were, and why they were not selected. Please note all the factors that are limiting the shoulder width.

TEMPORARY LANE WIDENING REQUIREMENTS

Describe below or in an attachment if and where any temporary widening will be performed for maintaining traffic. Please note any limiting factors (i.e. Bridge piers, ROW slopes, Environmental, etc.) affecting your ability to achieve an acceptable work zone cross section. If applicable please provide a cost estimation to achieve the acceptable work zone cross section.

TRAFFIC VOLUMES

Provide an attachment of the weekday/weekend ADT, and an hourly breakdown for the work zone as well as any available CO³ runs or a summary of Synchro results, if applicable. Include the percent of commercial traffic. (Provide traffic information for ramp work, detours or alternate routes, if applicable).

RESTRICTIONS ON OPERATION

Describe below or in an attachment if there will be any restrictions on operating hours. (i.e. night work only, northbound - Friday/southbound - Monday, lane closures, weekday work only, etc.).

POSTED SPEED LIMITS

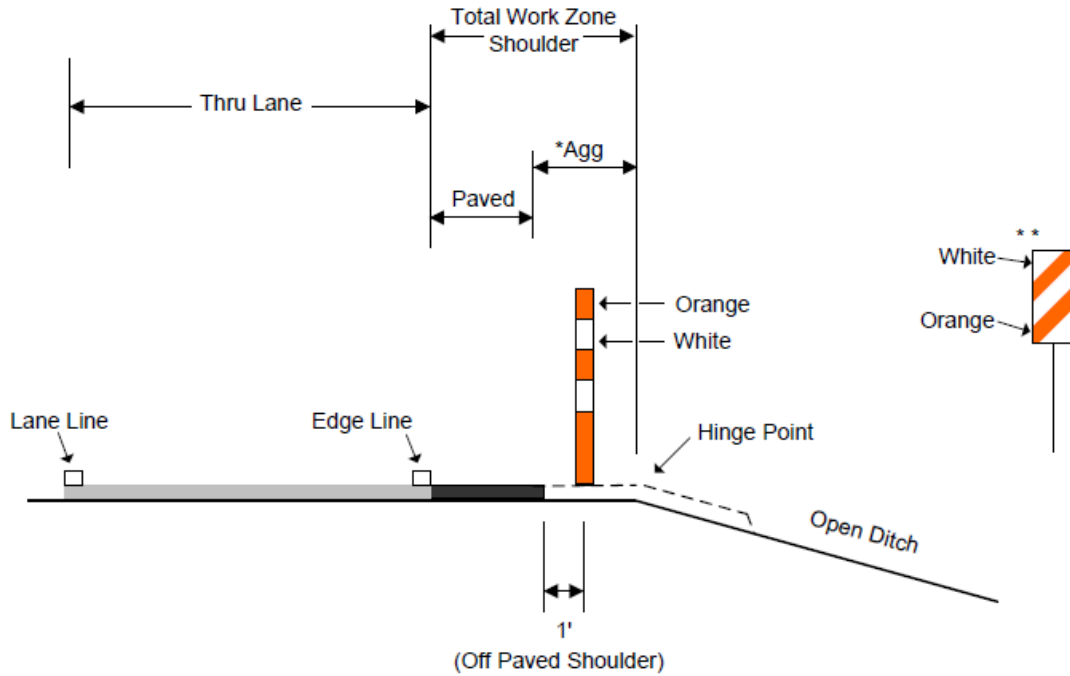
Describe below or in an attachment the regular speed limits and any restricted speed limits that will be utilized during construction.

CRASH HISTORY

Please provide a detailed crash summary of the project location. At a minimum 4 years prior to the construction date, on that segment of roadway. In addition please, provide a detailed crash report of a project with a similar work zone cross section, a route with similar ADT and location is preferred if available.

ADDITIONAL INFORMATION

Please provide any additional information that you feel the TSSAT needs to know.



* If the shoulder will be widened temporarily use the material as detailed in FUSP 12SP307A.

** Vertical Panels are an option. Contact the Work Zone Delivery Engineer for additional guidance.