

# INDOT LaPorte District 2023 Traffic Closure/Restriction Form

Revised February 27, 2023

Date: 03/22/23 Submitter: Superior Construction Phone: \_\_\_\_\_

Contract/Permit #: R-43062 Route: \_\_\_\_\_ County: \_\_\_\_\_

Impact to Traffic:  ROAD CLOSURE  LANE CLOSURE(S)

Near City/Town/ Landmark Gary and Hammond, IN (I-80/94)

Restriction/Closure Details (include description of MOT): Outside Shoulder Closures

Maximum Vehicle Size and/or Weight Dimensions allowable through the Work Site safely. \_\_\_\_\_

Specific Location of Work Site: I80/94-EB Outside Shoulder @ MM0.8 & WB Outside Shoulder @ MM1.1

Length of Road Affected: EB 0.1 Mile & WB 0.1 Miles

Purpose of Closure/Restrict: Repair Attenuators at EB MM0.8 & WB MM1.1  
*(Project Type: R, RS, B, Culvert etc. with a summary of work that will be completed.)*

Start Date/Time: 9pm (3/22/23) End Date/Time: 5am (3/23/23)

Restriction Hours: \_\_\_\_\_ Phased Construction?  Yes  No

If phased, which phase is this? \_\_\_\_\_ Is this in CARS?  Yes  No

Est. Construction Completion Date \_\_\_\_\_ Contract Completion Date: \_\_\_\_\_

Official Detour: \_\_\_\_\_ Dtr Length: \_\_\_\_\_

### Additional Information:

*(Include timing of future phases, MOT shifts, etc)*

**Instructions:** This information is to be emailed **TWO WEEKS PRIOR** to the start of the work. Please give **THREE WEEKS PRIOR** for railroad work. This information is passed to the Department of Revenue to assist in reroute of OS/OW vehicles:

[aparkhouse@indot.in.gov](mailto:aparkhouse@indot.in.gov), [cbajek@indot.in.gov](mailto:cbajek@indot.in.gov), [astanley@indot.in.gov](mailto:astanley@indot.in.gov), [lahuffman@indot.in.gov](mailto:lahuffman@indot.in.gov), Tel: **(219) 851-1251**

All restrictions are to be reported **NO EXCEPTIONS**. It is the responsibility of the project engineer, supervisor, or INDOT Sub-district and/or Unit Foreman, to contact all local community services of the above work prior to the start of project. Please fill this section out prior to submittal.

### Community Service Notification (Duty of PE/PS/Foreman, etc.)

Fire	_____	Date: _____
Ambulance	_____	Date: _____
Police	City _____	Date: _____
	County _____	Date: _____
	State _____	Date: _____
Schools	_____	Date: _____
Postal Service	_____	Date: _____
INDOT	_____	Date: _____