



LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT
PERMIT REQUEST FORM FOR WAYFINDING SIGNS ON STATE RIGHT OF WAY

LOCAL GOVERNMENT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Follow guidance in 2009 MUTCD.

DESIGNATED GOVERNMENT OFFICIAL CONTACT INFORMATION (OWNER)

(Submit Power of Attorney documentation stating this person has the authority to enter into a legally-binding agreement on behalf of the local government).

Name _____

Title _____

Phone _____ Fax _____

Email _____

DESIGNATED CONTACT INFORMATION (if different from above)

Name _____

Title _____

Phone _____ Fax _____

Email _____

LOCATION INFORMATION OF THE DEVICE

Attach map with location identified along with approximate distance

City _____ Parish _____

State Route _____ (_____)

Latitude _____ Longitude _____

State Route _____ (_____)

Latitude _____ Longitude _____

State Route _____ (_____)

Latitude _____ Longitude _____

State Route _____ (_____)

Latitude _____ Longitude _____

State Route _____ (_____)

Latitude _____ Longitude _____

State Route _____ (_____)

Latitude _____ Longitude _____

ATTACH THE FOLLOWING:

1. A map illustrating where the signs will be placed.
2. Shop drawings illustrating the size of sign, lettering height, font, legend, type of material (sheeting) to be used and type of support.

I certify that the information contained herein is true, complete, and correct to the best of my knowledge. I understand that if any information contained herein is found to be falsified, this request and any permit issued based on this information shall be voided.

Signature of Owner _____ Date _____

Return Completed Form to the District Permit Specialist at the DOTD District Office where subject property is located.

DEPARTMENT OF TRANSPORTATION & DEVELOPMENT USE ONLY

Date Request Received _____ Date Owner Contacted _____

(Owner should be contacted within 14 business days of date request is received.)

District _____ Request Processed By _____ (District Permit Specialist)

District Personnel to Review

Comments:

District Traffic Operations Engineer (Print & Initial) Date

Phone # _____ email: _____

Area Engineer (Print & Initial) Date

Phone # _____ email: _____

Notification of Receipt Sent to Applicant by _____ **Date** _____
(with or without comments or resubmission instructions)

Denial Letter Sent to Applicant by _____ **Date** _____