



**Marion County  
Board of County Commissioners**

Office of the County Engineer

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**LANE/ROAD CLOSURE REQUEST FORM**

Lane Closure

Road Closure

**Applicant Information**

|                   |                |                 |           |
|-------------------|----------------|-----------------|-----------|
| Applicant Name:   |                | Work Order/ID # |           |
| Contact Person:   | Email Address: |                 |           |
| Mailing Address:  | City:          | State:          | Zip Code: |
| Telephone Number: | Extension:     | Fax Number:     |           |

**Location of Closure**

Parcel ID: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Physical Address or  
Roadway with Cross Streets: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Include with application: Location map with north arrow and all roads labeled, Maintenance of Traffic (MOT) Plan, and detour route (if applicable). MOT plans shall be provided for review and approval prior to work commencing in the right-of-way. MOT shall adhere to the FDOT Design Standards (<http://www.dot.state.fl.us/rddesign/DesignStandards/Standards.shtm>) and/or Manual on Uniform Traffic Control Devices (MUTCD) (<http://mutcd.fhwa.dot.gov/>), as applicable.

**Description of Closure**

Purpose: \_\_\_\_\_

Dates: From- \_\_\_\_\_ To- \_\_\_\_\_ Hours (daily): From- \_\_\_\_\_ To- \_\_\_\_\_

Incomplete request forms will be returned for corrections and/or additional information. Incomplete forms may cause delays in the approval process. Furthermore, if the closure is projected to last for more than two (2) hours, 2 weeks advance notice is required.

Any work performed in Marion County's right-of-way requires a Right-of-Way Utilization Permit. Special Events also require permitting. If a permit of either type has already been applied, please enter the type and number below:

Permit Type:      Right-of-Way Utilization      Special Event      Permit #:

I hereby agree that by signing of this form, no lane or road closure in association with this request will take place until proper authorization has been granted.

Print Name

Signature

Date

*"Meeting Needs by Exceeding Expectations"*