



LANE CLOSURE REQUIREMENTS AND PROCEDURES

1.0 General:

Lane Closure Request(s) (LCR) must be submitted following the procedure detailed herein. Failure to comply with the requirements of this document will result in denial of the LCR and the Contractor will have to re-schedule any related activities at no expense to the Greater Miami Expressway Agency (GMX). Such denial(s) do not represent grounds for a Contract Time extension.

The request(s) must be prepared and signed by the Contractor and submitted for GMX or GMX's representative for approval. The Contractor must seek approval from GMX for personnel responsible for submitting LCRs.

Blanket LCR both for multiple locations and extended periods of time will not be approved. The Contractor must make the requests only after all required resources to complete the work have been secured and should include reasonable contingencies (i.e., an additional day or two to complete a task in case of impacts of unforeseen conditions such as adverse weather conditions).

2.0 Lane Closure Availability

Lane Closure times shall be approved by the Engineer. Restrictions shall apply based on specific location i.e., proximity to tolling points. At a minimum, the following lane closure availabilities should be anticipated.

- For SR 878, SR 874, SR 924, and SR 112 - single lane closures may be scheduled during the following periods:
 - Between 9:00 AM and 3:30 PM Monday through Friday
 - Between 11:00 PM and 5:30 AM Sunday through Thursday
 - Between 5:30 AM and 5:30 PM Saturday
 - Between 5:30 AM Sunday and 5:30 AM Monday
- For SR 836 - single lane closures may be scheduled during the following periods:
 - Between 11:00 PM and 5:30 AM Sunday through Thursday
- Full ramp closures, full road closures, or multiple lane closures may be anticipated between 11:00 PM and 5:30 AM

Hours may be further restricted as determined by the Engineer.

3.0 LCR Procedure:

The LCR form (**Attachment 1**) must be completed and signed by the Contractor's representative. The request must be submitted for approval(s) to GMX.



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The requests must be submitted in a clear and complete way, and be signed, so that all pertaining information can be easily understood. Any of the applicable approvers may, as his or her sole discretion, require the forms to be resubmitted if extensive hand corrections have been made to the point the information contained is not deemed clear.

Figure 1: Traffic Advisory Timeline below summarizes the steps to be followed for a timely submittal, review, processing and approval of a LCR. The Contractor must take into consideration and allow time for the review by the applicable reviewers so that an approved LCR is forwarded to the GEC Public Information Officer (PIO) no later than 3:00 PM the Wednesday two weeks prior to the week scheduled for the lane closures.

Figure 1: Traffic Advisory Timeline

SUN	MON	TUE	WED	THU	FRI	SAT
	1		2	3	4	
5	6	7	8 Lane Closure Request forwarded to GEC PIO	9	10	11
12	13	14	15	16	17 Weekly Advisory Distributed	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

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The GMX and GEC PIOs will gather lane closures system wide and coordinate them for any potential conflicts. Such coordination will also include the operations of adjacent projects under construction by other agencies. Once all coordination has been completed, the GMX Weekly Traffic Advisory will be distributed the following Friday afternoon and will include lane closures for the seven (7) Calendar Dayperiod of the upcoming week (Sunday through Saturday, inclusive). Any lane closure forms received after the Wednesday submission deadline will not be considered for inclusion in the GMX Traffic Advisory.

Traffic Advisories may be issued as needed for emergency construction or maintenance activities at GMX's sole discretion. Requests from partner agencies (e.g. FDOT) and for maintenance should be submitted to the GMX Operations & Maintenance Manager for approval.

GMX Traffic Advisories are distributed weekly on Friday afternoons. The Advisory covers a seven (7) Calendar Day period beginning on the Sunday of the upcoming weekend and continues through the following Saturday (Sunday through Saturday, inclusive).

4.0 Information to be Included in a LCR:

Each form shall include at a minimum the following information:

- Construction activity dates and times
- Locations of closure and boundaries
- Number of lanes to be closed (e.g. 1 of 3) and position (e.g. right or left)
- Identify if it is a ramp, a mainline or a street closure
- Any alternate street names/numbers
- Approved detour (if applicable) and any other pertinent information such as FDOT standard index to be used for the lane closure.
- Description of work to be performed

5.0 Traffic Advisory Submission Contacts:

- GEC Public Information Officer: Yvette Holt, 305-335-0924
Yvette@HoltCommunications.net
- Director of Engineering: Juan Toledo, 305-637-3277, ext. 2115
jtoledo@GMX-way.com

Attachment 1 - Lane Closure Request Form



GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____

LANE CLOSURE REQUEST FORM

GMX ROAD NUMBER:	REPORT FOR DATES: (Sunday thru Saturday)
Lane Closure Request No.:	TYPE OF CLOSURE:
MAINLINE <input type="checkbox"/> NB <input type="checkbox"/> SB <input type="checkbox"/> WB <input type="checkbox"/> EB <input type="checkbox"/>	
LOCATION OF CLOSURE: _____	
DAY/DATE/HOURS OF CLOSURE: From: _____, ____/____/____, ____:____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
To/Thru: _____, ____/____/____, ____:____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
Will the lane closure affect FDOT Road(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: _____	
RAMP <input type="checkbox"/> NB <input type="checkbox"/> SB <input type="checkbox"/> WB <input type="checkbox"/> EB <input type="checkbox"/>	
LOCATION OF CLOSURE: _____	
DAY/DATE/HOURS OF CLOSURE: From: _____, ____/____/____, ____:____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
To/Thru: _____, ____/____/____, ____:____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
Will the lane closure affect FDOT Road(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: _____	
CROSSSTREET <input type="checkbox"/> NB <input type="checkbox"/> SB <input type="checkbox"/> WB <input type="checkbox"/> EB <input type="checkbox"/>	
LOCATION OF CLOSURE: _____	
DAY/DATE/HOURS OF CLOSURE: From: _____, ____/____/____, ____:____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
To/Thru: _____, ____/____/____, ____:____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
Will the lane closure affect FDOT Road(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: _____	

