



**Form PERM 32 (December 2015)**  
**Highway Work Permit Application for Utility**  
**Work Instructions and Form**



**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

**FRONT OF APPLICATION**

Three (3) copies of the entire application, work plans and all other supporting documents must be submitted. At the time of application, certain information relative to fees and deposits may be contingent upon determinations to be made by the Department. In such cases, the information may be left blank and remittance withheld until a determination is made.

Please complete the following:

- Permittee name, address, phone and email address. Provide joint applicant contact information, if appropriate. If there are additional applicants, attach contact information on a separate sheet.
- Name and phone number(s) of emergency contact person.
- If permit is to be returned to someone other than the applicant, complete this section.
- If the guarantee deposit or bond is to be returned to someone other than applicant, complete this section.
- Estimate the cost of work being performed in the state highway right-of-way and provide this figure.
- Indicate anticipated duration of work to be performed with starting date and ending date.
- Indicate the form of insurance coverage to be provided.
- Give a brief description of the work that is proposed to be done under this permit.
- Indicate whether any overhead and/or underground work (5 foot or greater depth) is included in the proposed work.
- Plans and specifications should accompany this application for any work that involves construction within the state highway right-of-way. Place a check mark on the lines for plans and specifications if they are attached to this application.
- Location of the project should be identified by State Route, highway reference marker(s), and the municipality and county in which work area is located.
- In regard to State Environmental Quality Review (SEQR), indicate the type of action, the name of the Lead Agency, and what date the final determination was made, if available.
- Signature of applicant and date.
- Signature of second applicant, if any, and date.

**BACK OF APPLICATION**

- Check type of work that will be performed.
- In the appropriate column, indicate total amount of permit fees
- Indicate Utility Charge Account Number if applicable
- Indicate type of performance security provided (bond, deposit, letter of credit), if required.
- Indicate check number of deposit or bond number.





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Willis Towers Watson Midwest, Inc.		<b>NAMED INSURED</b> Michels Power, Inc. 1775 E Shady Lane Neenah, WI 54956	
<b>POLICY NUMBER</b> See Page 1		<b>EFFECTIVE DATE:</b> See Page 1	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

loss.



# NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE 2/1/2022
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**THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.**

AGENCY WILLIS TOWERS WATSON MIDWEST, INC.		NAMED INSURED(S) Michels Power, Inc.	
POLICY NUMBER CGD740955305	EFFECTIVE DATE 2/1/2022	CARRIER Greenwich Insurance Company	NAIC CODE 22322-001

ADDENDUM INFORMATION                      CERTIFICATE NUMBER:                      REVISION NUMBER:

**A. Insurer**

Admitted / authorized

Excess line or free trade zone

**B. General Liability (GL) policy form**

ISO / ISO modified

Other

**C. Specific operations excluded or restricted (GL policy)**

Location:                      Not Applicable

Type of construction:                      Not Applicable

Building height:                      Not Applicable

Classifications                      [see attached declarations / endorsement]

Designated work                      [see attached endorsement]

**D. Additional insured endorsement (GL policy)**

CG 20 10     CG 20 26     CG 20 32     CG 20 33     CG 20 37     CG 20 38

Other:

**E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage**

Yes     No and     no other option is available with this insurer  
*(when required by written contract executed prior to loss.)*

**F. Additional insured will receive advance notice if insurer cancels (GL policy)**

Yes     No and     no other option is available with this insurer

**G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted**

Yes and     no other option is available with this insurer     No changes made

**H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)**

Yes and     no other option is available with this insurer     No changes made

**I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)**

Yes and     no other option is available with this insurer     No changes made

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)

Yes and  no other option is available with this insurer  No changes made

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)

Yes and  no other option is available with this insurer  No changes made

L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted

Yes and  no other option is available with this insurer  No changes made

M. Excess / umbrella policy is primary and non-contributory for additional insureds

Yes, by specific policy provision  Yes, by endorsement  No and  no other option is available with this insurer

*(when required by written contract and afforded by the underlying policy)*

*Scott A. Howard*

AUTHORIZED REPRESENTATIVE SIGNATURE

1/19/2022

DATE (MM/DD/YYYY)



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with fields for: 1a. Legal Name & Address of Insured, 1b. Business Telephone Number of Insured, 1c. NYS Unemployment Insurance Employer Registration Number of Insured, 1d. Federal Employer Identification Number of Insured or Social Security Number, 2. Name and Address of Entity Requesting Proof of Coverage, 3a. Name of Insurance Carrier, 3b. Policy Number of Entity Listed in Box "1a", 3c. Policy effective period, 3d. The Proprietor, Partners or Executive Officers are included/excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Joseph Tocco (Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] February 1, 2023 (Signature) (Date)

Title: Chief Executive - North America

Telephone Number of authorized representative or licensed agent of insurance carrier: (800) 688-1840

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
MICHELS POWER INC.
817 W. MAIN STREET, PO BX 128
BROWNSVILLE, WI 53006
1b. Business Telephone Number of Insured
920-924-4310
1c. Federal Employer Identification Number of Insured or Social Security Number
85-2624638
2. Name and Address of Entity Requesting Proof of Coverage
NYS Dept. of Transportation
Region 5 Permits Office
100 Seneca Street
Buffalo, NY 14203
3a. Name of Insurance Carrier
Standard Security Life Insurance Company of New York
3b. Policy Number of Entity Listed in Box "1a"
R10401-001
3c. Policy effective period
2/1/2021 to 1/31/2024

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 2/1/2023 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed \_\_\_\_\_ By \_\_\_\_\_
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.**

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

**Traffic Protection for Roadway Crossings During Wire Pulling Operations:**

- During wire pulling operations, the conductor, shield wire, OPGW, rope or hardline may be in motion.
- Connection points between the new and old wire, the hardline, or the new wire and rope will be identified with a visual indicator such as a flag for visual identification.
- During wire pulling operations, the crew is in continual contact via 2-way radio to be informed of the status and be notified in the instance of any issues arise during the pull.
- Pulling operations utilize tensioners that monitor the pulling tension and provide the ability to alert the crews to changes that may indicate a potential break in the pulling lines that could present a hazard, such as falling wire/ropes.
- For road crossings:
  - It is typical to utilize various safeguards to prevent the ropes/conductors from falling into the roadway/traffic, such as:
    - Guard structures
    - Aerial trucks with guard brackets (batwings)
- During traffic control set-up, guard brackets (batwings) will be attached to the boom of the bucket as a protection measure.
- During the remainder of the pull, traffic patterns would remain to allow guard operations to continue until the wire pull is complete and the wire is secured. The dedicated qualified spotter will be onsite at the crossing location, and qualified traffic control (flaggers) will be present to stop traffic should an issue arise.

**Emergency Management**

- In the instance that a break in wire or loss of tension could create a situation where the wire could sag or potentially enter areas of traffic, the following will be in place to protect the public.
  - Safeguards, including guard trucks, will be in place to prevent the wire from landing in the roadway.
  - Dedicated spotter visually assessing the situation will communicate to traffic control via radio at all pull locations.
  - Designated resources onsite at each location will stop traffic and safely secure the crossing area and make the roadway safe for passage by various means to allow traffic to resume. Before work starts, flagging staffing is coordinated if an incident such as the aforementioned may occur and traffic would require an all-stop.
  - The pull would resume once necessary repairs are made to the wire or equipment to allow the work to proceed.

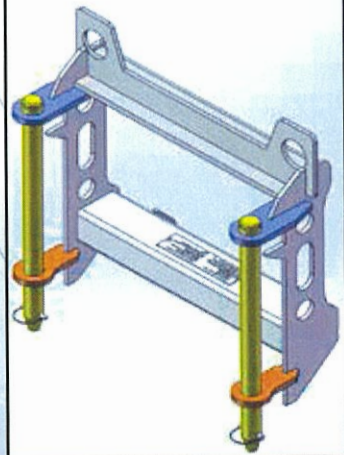
# Folding Guard Arm

## Specifications:

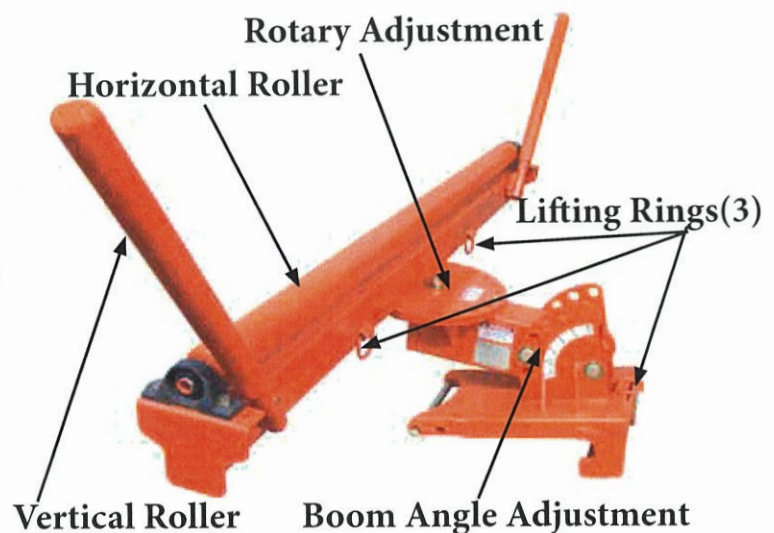
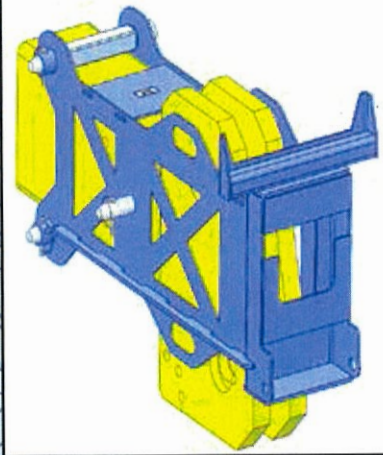
- Overall dimensions(in use):  
96" x 36.50" x 54" tall
- Overall dimensions(folded):  
80.25" x 17" x 30.25" tall
- Weight = 370 lbs
- Capacity = 1,000 lbs
- Foldable design for easy transport and storage.
- 3 lifting rings included to assist in mounting
- Mounts to boom trucks, digger derricks and various cranes with adapter
- Roller assembly may be manually adjusted radially to allow crane to set at different positions at ground level



Boom Truck Adapter



Digger Derrick Adapter



1001 Webster Avenue  
Waco, TX 76706  
254-757-1177  
sales@line-wise.com  
www.line-wise.com



INSPIRED BY LINEMEN TESTED BY LINEMEN TRUSTED BY LINEMEN

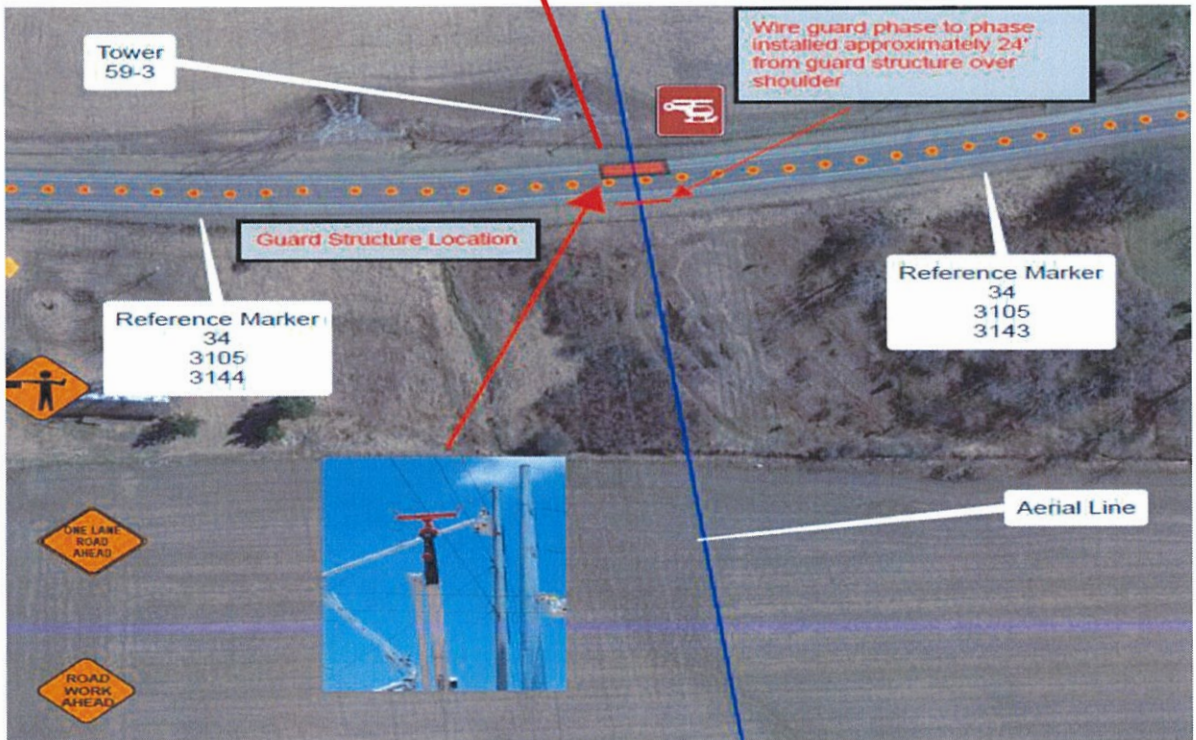
# LineWise®

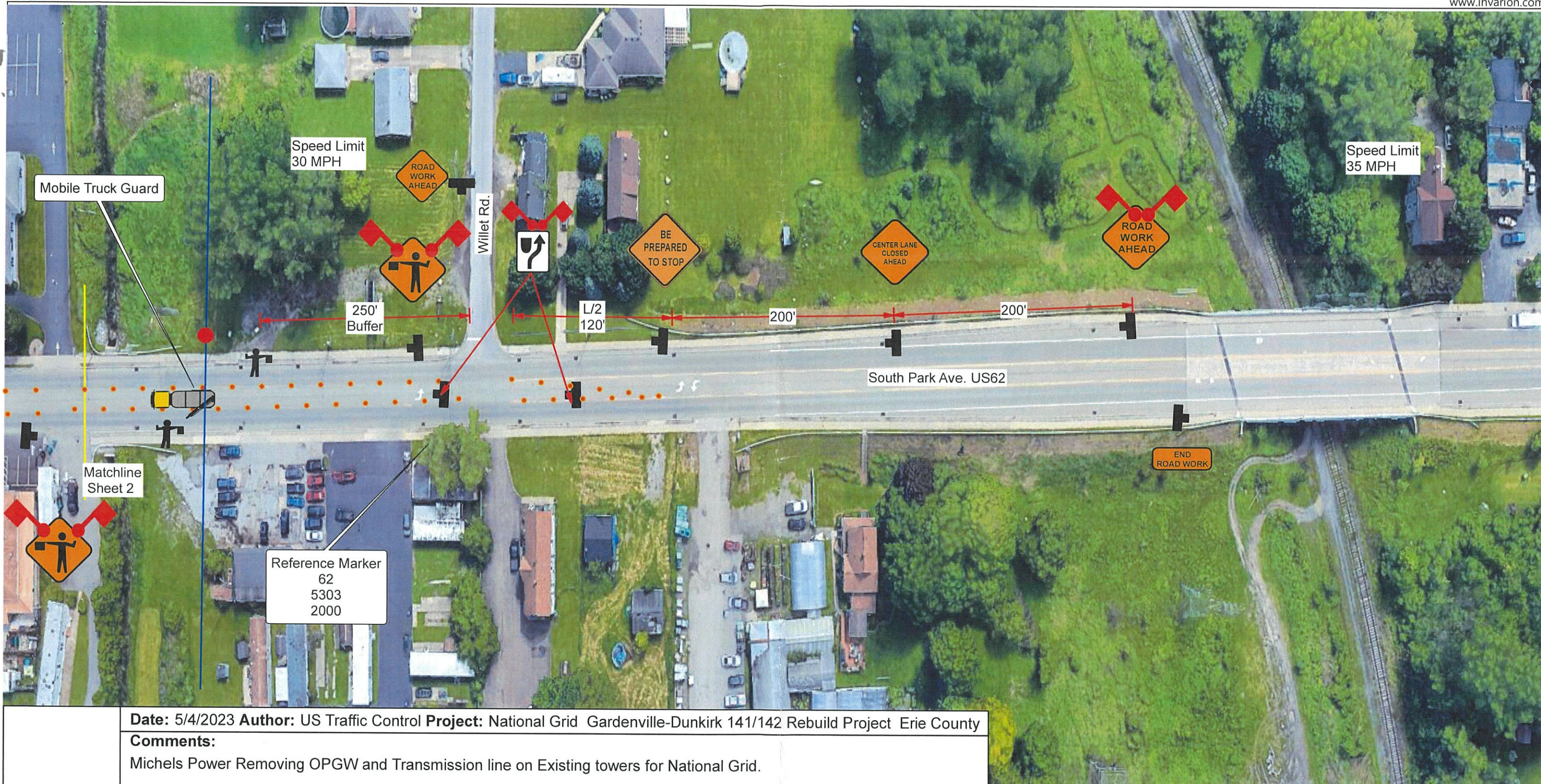
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Product design and specifications may change without notice or obligation.



## Guard Truck with Folding Guard Arm (Batwing)





**Date:** 5/4/2023 **Author:** US Traffic Control **Project:** National Grid Gardenville-Dunkirk 141/142 Rebuild Project Erie County

**Comments:**

Michels Power Removing OPGW and Transmission line on Existing towers for National Grid.

This segment spans South Park Ave. US 62 North of Willet Rd.

Northbound South Park Ave. Center Lane Closure South of Willet Rd.  
Southbound South Park Ave. Center Lane Closure

Mobile Truck Guard is Deployed to NB/SB Closed Center Lane.

Be Prepared to Stop and Flagger Signs faced before Traffic Stopped by Flaggers for Aerial Wire pull not to exceed 5 Minutes

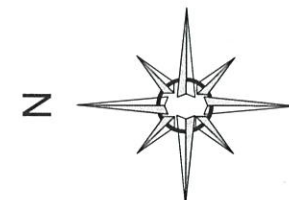
\*\*\* Additional "Road Work Ahead" followed by "Be Prepared To Stop" signs are to be Actively Managed upstream of Traffic Queue caused by Flagging Operation

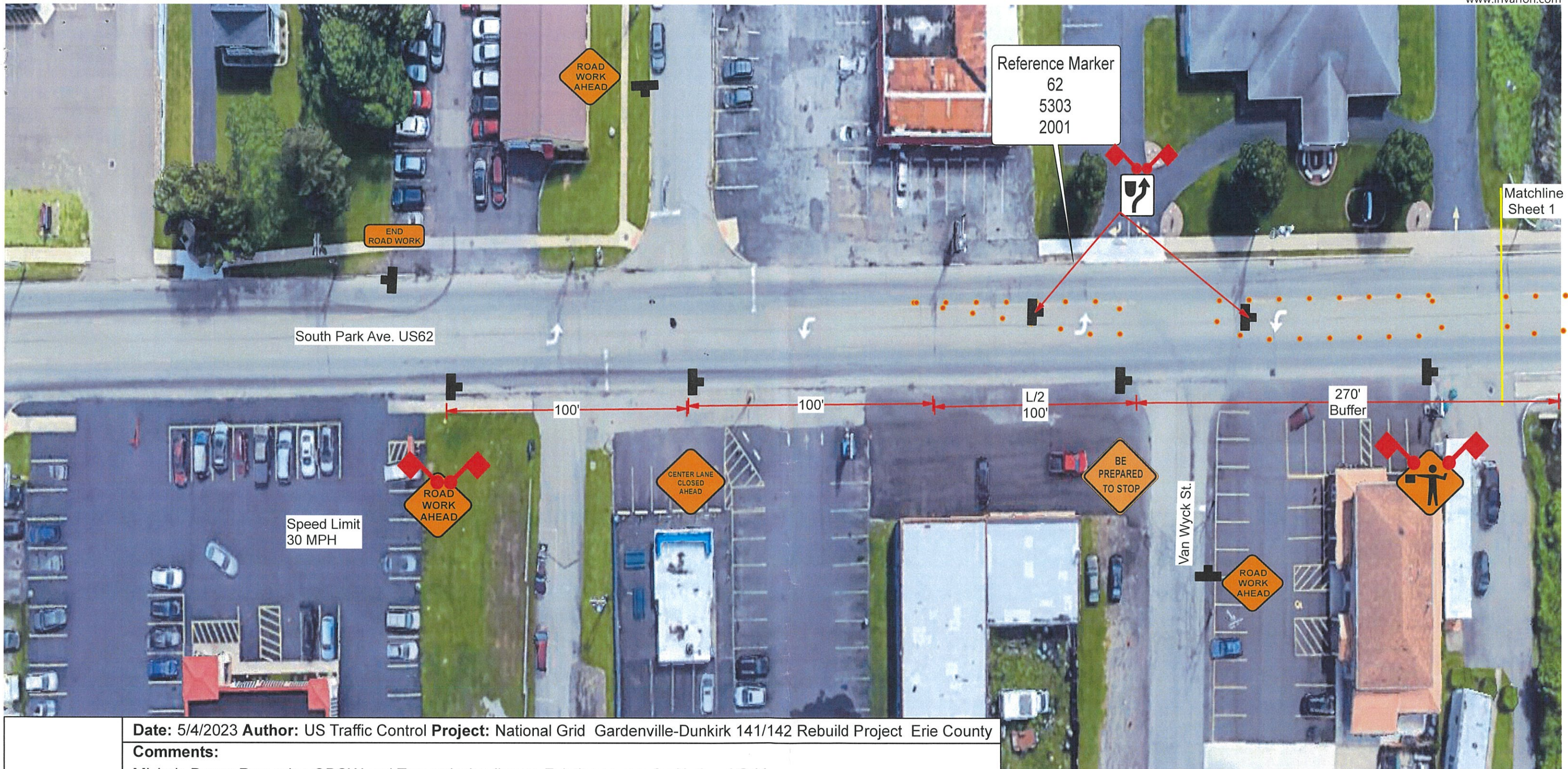


Standard Sheet 619-312

Delineation device spacing = 30'

Drawing not to scale.





**Date:** 5/4/2023 **Author:** US Traffic Control **Project:** National Grid Gardenville-Dunkirk 141/142 Rebuild Project Erie County

**Comments:**

Michels Power Removing OPGW and Transmission line on Existing towers for National Grid.

This segment spans South Park Ave. US 62 North of Willet Rd.

Northbound South Park Ave. Center Lane Closure North of Willet Rd.  
Southbound South Park Ave. Center Lane Closure

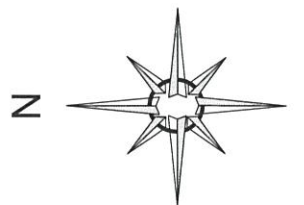
Mobile Truck Guard is Deployed to NB/SB Closed Center Lane.

Be Prepared to Stop and Flagger Signs faced before Traffic Stopped by Flaggers for Aerial Wire pull not to exceed 5 Minutes

**Standard Sheet 619-312**

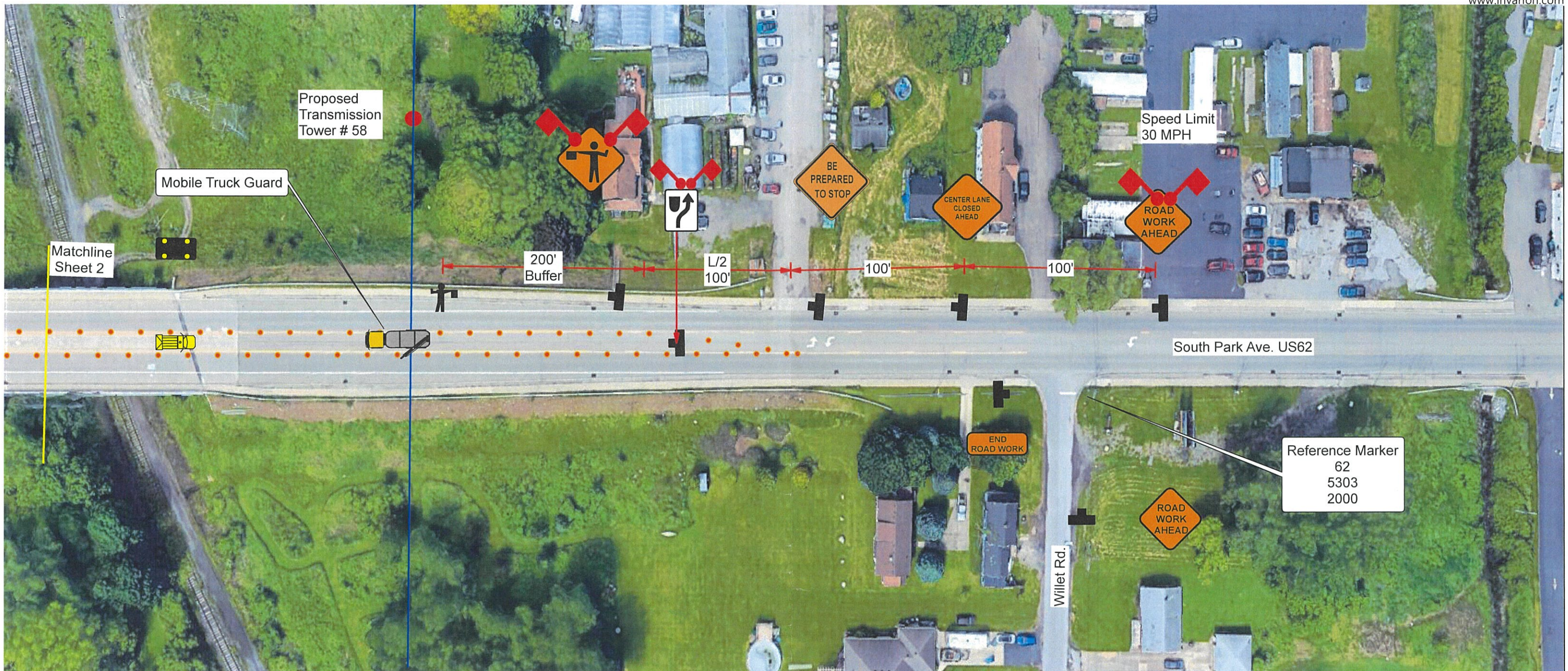
**Delineation device spacing = 30'**

**Drawing not to scale.**



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**Date:** 5/4/2023 **Author:** US Traffic Control **Project:** National Grid Gardenville-Dunkirk 141/142 Rebuild Project Erie County

**Comments:**

Michels Power Installing OPGW and Transmission line on New towers for National Grid.

This segment spans South Park Ave. US 62 between New Towers 58 & 57

Northbound South Park Ave. Center Lane Closure from Inception North of S. Salem Dr.  
Southbound South Park Ave. Center Lane Closure South of Willet Rd.

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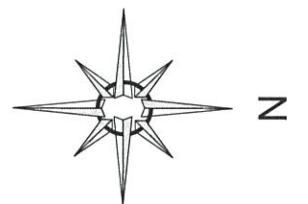
Sheet 1 of 2



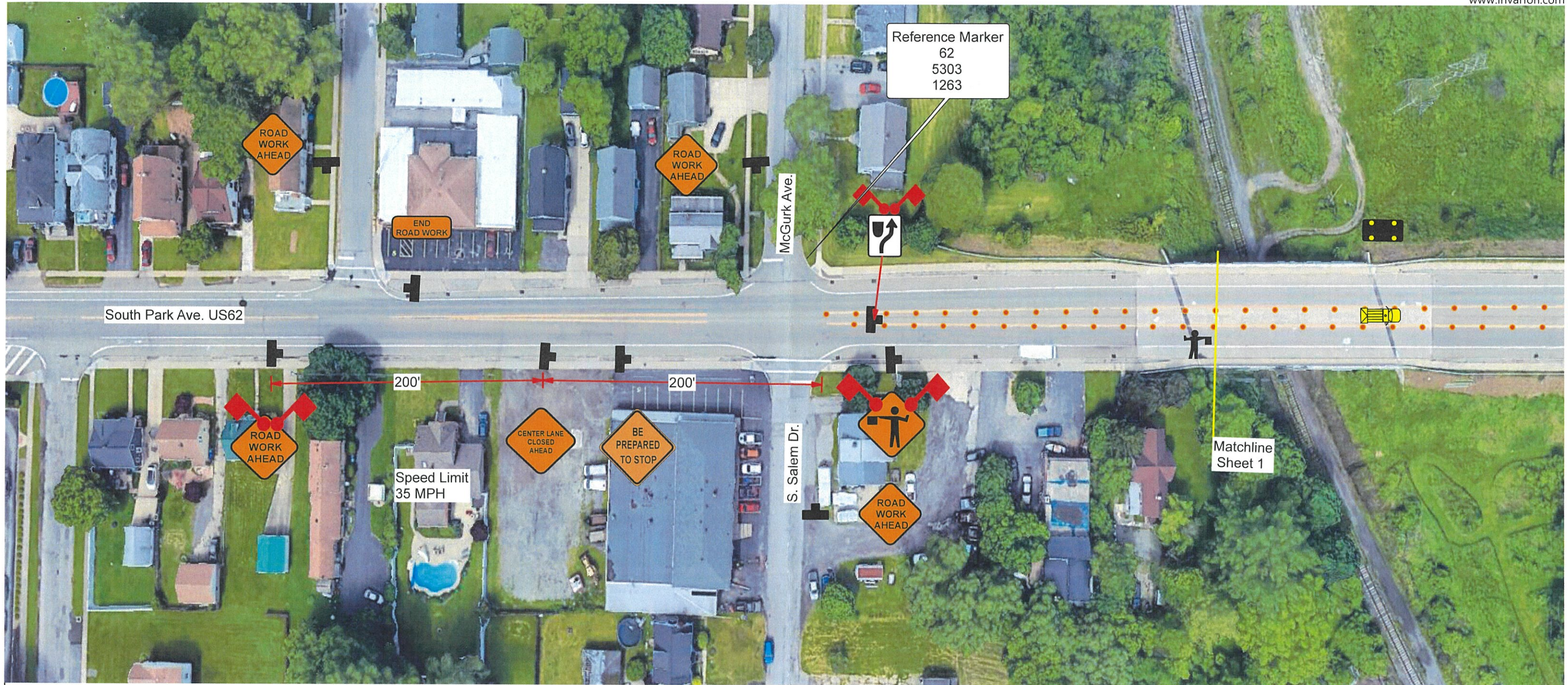
**Standard Sheet 619-312**

**Delineation device spacing = 30'**

**Drawing not to scale.**



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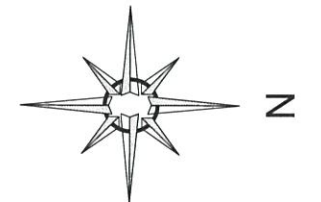
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**Standard Sheet 619-312**

**Delineation device spacing = 30'**

**Drawing not to scale.**

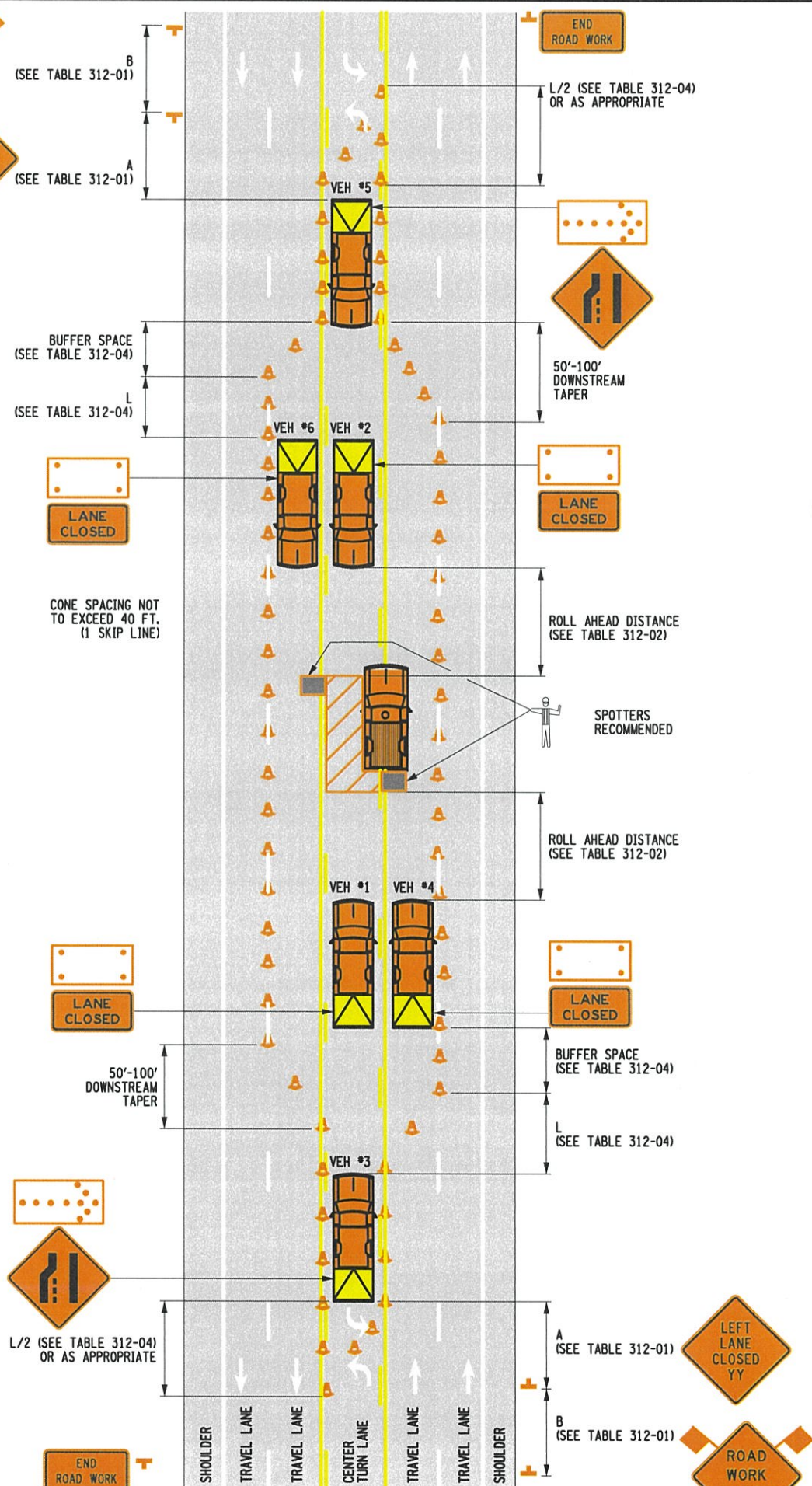


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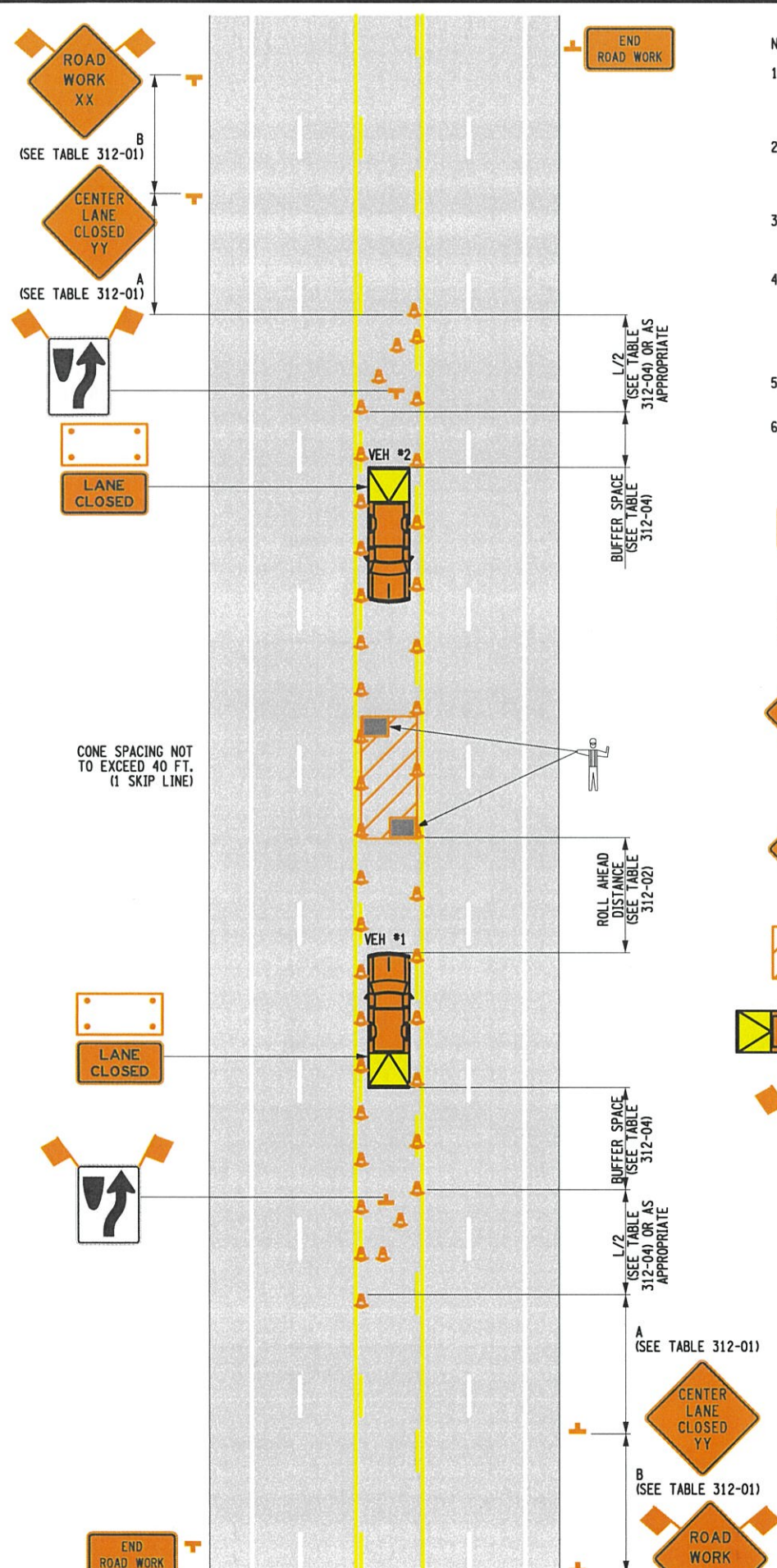


FILE NAME = 619-312-1.dgn  
 DATE/TIME = 06-DEC-2021 16:10  
 USER = obo@twright

NOT TO SCALE



DETAIL 312A: PRECONSTRUCTION POSTED SPEED LIMIT ≥ 45 MPH (SEE NOTE 5)



DETAIL 312B: PRECONSTRUCTION POSTED SPEED LIMIT < 45 MPH (SEE NOTE 5)

NOTES:

1. SHORT-TERM STATIONARY IS DAYTIME WORK THAT OCCUPIES A LOCATION FOR MORE THAN 1 HOUR WITHIN A SINGLE DAYLIGHT PERIOD. THIS SETUP MAY ALSO BE USED FOR A SHORT DURATION TWO WAY LEFT TURN LANE CLOSURE.
2. IN URBAN CONDITIONS, ADVANCE WARNING SIGN SPACING MAY BE ADJUSTED IN ORDER TO ACCOMMODATE SIDE STREETS AND DRIVEWAYS. IF THERE IS A CONFLICT, MOVE THE SIGN UPSTREAM.
3. THERE SHALL BE NO WORKERS, EQUIPMENT OR OTHER VEHICLES IN THE BUFFER SPACE OR THE ROLL AHEAD DISTANCE.
4. THE PROTECTIVE VEHICLE(S) SHALL MAINTAIN THE APPROPRIATE ROLL AHEAD DISTANCE, BE AN UNOCCUPIED TRUCK POSITIONED PARALLEL TO TRAFFIC, PARKING BRAKE SET, PLACED IN 2ND GEAR (MANUAL TRANSMISSIONS /ENGINE OFF) OR PARK / NEUTRAL (AUTOMATIC TRANSMISSIONS) AND HAVE THE FRONT WHEELS ALIGNED WITH THE LANE STRIPING.
5. ADJACENT LANE CLOSURES ARE RECOMMENDED WHEN THE PRECONSTRUCTION SPEED LIMIT IS 45 MPH OR HIGHER.
6. CHANNELIZING DEVICE SPACING (CENTER TO CENTER) SHALL NOT EXCEED 40' IN THE ACTIVE WORK SPACE.

**END ROAD WORK** G20-2 THIS SIGN SHALL BE LOCATED A MINIMUM DISTANCE OF 80 FT AND MAXIMUM OF 400 FT PAST THE END OF THE DOWNSTREAM TAPER.

**LANE CLOSED** NYW8-33 ARROW PANEL

**CENTER LANE CLOSED YY** W9-3 **LEFT LANE CLOSED YY** W20-5

W4-2L W20-1

WORK AREA ARROW PANEL (CAUTION MODE)

24000 LB PROTECTIVE VEHICLE WITH TMIA SEE TABLE 312-03 SPOTTER

R4-7 CONE WORK VEHICLE

REFER TO SHEET 2 OF 2 FOR ALL TABLES

<b>Department of Transportation</b>	
U.S. CUSTOMARY STANDARD SHEET	
<b>WORK ZONE TRAFFIC CONTROL          MULTI-LANE UNDIVIDED ROADWAY          TWO-WAY LEFT TURN LANE CLOSURE          SHORT TERM OPERATION          (SHEET 1 OF 2)</b>	
APPROVED DECEMBER 2, 2021 <i>Robert Limoges</i> ROBERT LIMOGES, P.E. DIRECTOR, OTSM	ISSUED UNDER EI 21-028 619-312

TABLE 312-01: ADVANCE WARNING SIGN SPACING				
ROAD TYPE	DISTANCE BETWEEN SIGNS		SIGN LEGEND	
	A (FT.)	B (FT.)	XX	YY
URBAN (≤ 30 MPH*)	100	100	AHEAD	AHEAD
URBAN (35-40 MPH*)	200	200	AHEAD	AHEAD
URBAN (≥ 45 MPH*)	350	350	1000 FT.	AHEAD
RURAL	500	500	1500 FT.	1000 FT.

\* PRECONSTRUCTION POSTED SPEED LIMIT

TABLE 312-02: ROLL AHEAD DISTANCE		
ROLL AHEAD DISTANCE (FT.)/# OF SKIP LINES FOR VEHICLES		
PRECONSTRUCTION POSTED SPEED LIMIT (MPH)	STATIONARY OPERATION	
	MIN	MAX
≥ 55	120/3	200/5
45 - 50	80/2	160/4
≤ 40	40/1	120/3

TABLE 312-03: PROTECTIVE VEHICLE REQUIREMENTS				
CLOSURE TYPE	ROAD TYPE & SPEED	NON-FREEWAY		
		≥ 45 MPH	35 - 40 MPH	≤ 30 MPH
	EXPOSURE CONDITIONS <sup>1</sup>			
LANE CLOSURE OR ENCROACHMENT	WORKERS ON FOOT OR VEHICLE EXPOSED TO TRAFFIC	P, TMIA	P, TMIA	P
	OTHER HAZARDS NO WORKERS EXPOSED	P, TMIA	P	SEE NOTE 2


LEGEND  
P: PROTECTIVE VEHICLE REQUIRED FOR EACH CLOSED LANE & EACH CLOSED PAVED SHOULDER 8' OR WIDER, IF THE WORK SPACE MOVES WITHIN THE STATIONARY CLOSURE, THE PROTECTIVE VEHICLE SHALL BE REPOSITIONED ACCORDINGLY  
TMIA: TMIA REQUIRED  
NOTES:  
1. THE EXPOSURE CONDITIONS ASSUMES THERE IS NO POSITIVE PROTECTION PRESENT  
2. EITHER A PROTECTIVE VEHICLE OR THE STANDARD BUFFER SPACE SHALL BE PROVIDED

TABLE 312-04: LONGITUDINAL BUFFER SPACE AND TAPER LENGTHS				
PRECONSTRUCTION POSTED SPEED LIMIT (MPH)	LONGITUDINAL BUFFER SPACE DISTANCE (FT.)/ # OF SKIP LINES	TAPER LENGTH: L (FT.)/ # OF SKIP LINES/ # OF CHANNELIZING DEVICES		
		FOR LANE WIDTH IN FT. (LATERAL SHIFT OF TRAFFIC FLOW PATH)		
		10	11	12
25	155/4	120/3/4	120/3/4	120/3/4
30	200/5	160/4/5	160/4/5	200/5/6
35	250/6	200/5/6	240/6/7	240/6/7
40	305/8	280/7/8	320/8/9	320/8/9
45	360/9	440/11/12	520/13/14	560/14/15
50	425/11	520/13/14	560/14/15	600/15/16
55	495/13	560/14/15	600/15/16	680/17/18

TABLE 312-05: REQUIRED SIGN SIZES*		
SIGN	NON-FREEWAY	FREEWAY
G20-2	36x18	48x24
NYW8-33	48x24	48x24
R4-7	24x30	36x48
W4-2L	36x36	48x48
W9-3	36x36	48x48
W20-1	36x36	48x48
W20-5	36x36	48x48
WARNING FLAG	18x18	18x18

\*FREEWAY SIZES MAY BE USED ON NON-FREEWAY, IF SPACE CONSTRAINTS DO NOT EXIST.

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 <b>NEW YORK</b> STATE OF OPPORTUNITY.	<b>Department of Transportation</b>
<b>WORK ZONE TRAFFIC CONTROL  MULTI-LANE UNDIVIDED ROADWAY  TWO-WAY LEFT TURN LANE CLOSURE  SHORT TERM OPERATION  (SHEET 2 OF 2)</b>	
APPROVED DECEMBER 2, 2021 <i>Robert Limoges</i> ROBERT LIMOGES, P.E. DIRECTOR, OTSM	ISSUED UNDER EI 21-028 619-312