Director

3000 Sheffield Road Winter Haven, FL 33880



PHONE: 863-535-2200 FAX: 863-534-7339 www.polk-county.net

## **ROADS & DRAINAGE DIVISION**

## **Road Closure Request Form**

DATE OF REQUEST: 10/01/2025 PROJECT	OWNER: FDOT							
PROJECT NAME: E1W97 FIN# 453446-1-52	AGENCY/COMPANY/UTILITY 2-01							
PROJECT LOCATION: SR 659 FROM CORAL WAY	RD TO DONS PL							
,								
SCOPE OF WORK: Drainage Improvements								
REASON FOR CLOSURE: Drainage Improvements. Milling & Resurfacing								
Drainage Improvements. Milling & Resurfacing								
Drainage Improvements. Milling & Resurfacing								
CLOSURE START DATE: 10/27/25	TART TIME: 7 p.m. END TIME: 5 a.m.							
MONTH/DAY/YEAR	HR:MIN AM/PM HR:MIN AM/PM							
CLOSURE DURATION: 14 DAYS	PROJECT DURATION: 100 DAYS							
ROAD CLASSIFICATION: COLLECTOR ROAD	LOCAL RESIDENTIAL							
OFFICE CONTACT: Liz Companioni	786-573-1872 Rogar Management & Consulting of FL, LLC							
Name	Office Phone Agency or Company							
JOBSITE CONTACT: Osvaldo Zas	305-215-3590 Rogar Management & Consulting of FL, LLC							
Name	Mobile Phone Agency or Company							
PROJECT TYPE: LAND DEVELOPMENT DIVISION (CHECK ONE)	_							
NOTES: PERMIT #	ROW-USE PERMIT #							
upon the following conditions: (a) all other possible alternativ	road closure approvals must be <b>specific and justifiable</b> and are only gra es have been explored and found to be impossible or impractical; (b) the ry to mitigate hazardous working conditions; and (d) the road closure is r							

- anted road not merely for the convenience of the applicant, contractor, or requesting party.
- 2. Road closure requests exceeding five (5) days for roads that are classified as "collector roads," requests exceeding thirty (30) days for roads that are classified as "local residential," and all requests for extensions require Board approval.
- 3. Road closures exceeding fourteen (14) days require a "Road Closure Agreement" to be executed and returned at least three (3) days prior to scheduled closure start date. Call 863-535-2200 for details.
- 4. Request for closure form must be submitted to TE\_RoadClosureCoordinator@polk-county.net at least ten (10) working days prior to closure start date for requests that do not exceed five (5) days and at least forty-five (45) working days prior to closure date for requests that exceed five (5) days.
- 5. Submit form with an aerial location map depicting work zone location with northing arrow and major roads labeled.

6.	Submit form with a traffic control plan to include Detour Route Location of Signs & Devices Required Message Boards w/Text of Message							
		Detour Route	<b>√</b>	Location of Signs & Devices	<b></b>	Required Message Boards w/Text of Message		

- 7. Location map and traffic control plan must be computer-generated and cannot be hand-sketched.
- 8. Requests for extension must be submitted with the originally approved request form.
- 9. Polk County will notify first-responder agencies and other appropriate organizations.
- If approved, the applicant must display signage announcing the road closure for at least five
   days prior to the date of the road closure in a conspicuous location in both directions of travel.
- 11. See County Ordinance 2025-20 for compliance, enforcement, and penalties.

Reviewed by:	Approved by:	Approved by:			
Doug Gable 10/2/2 Douglas Gable, P.E. Date Engineering Manager-Interim	25 Jay Jarvis, P.E. Division Director	10/2/25 Date			
Amy Gregory, P.E. Date	25 John Bohde	 Date			
Traffic Manager	Deputy County Manage	r			







