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 GMX Engineer or delegate. 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 GMX Engineer or delegate.

3.0 LCR Procedure:

The LCR form (***Attachment 1***) must be completed and signed by the ***Work Traffic Supervisor OR Responsible Professional Engineer***. The request must be submitted for approval(s) to GMX.

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 GMX 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 an 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 GMX Communications and Marketing Manager no later than 3:00 PM the Wednesday two (2) 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	9 Lane Closure Request forwarded to GMX Communications & Marketing Manager	10	11	12
13	14	15	16	17	18 Weekly Advisory Distributed	19
20	21	22	23	24	25	26
27	28	29	30	31		

The GMX Communications and Marketing Manager will gather lane closures system wide and coordinate them for any potential conflicts with the Operations and Maintenance Manager or GEC Deputy Program Director.

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 Day period 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 next scheduled GMX Traffic Advisory.

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

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 week and continues through the following Saturday (Sunday through Saturday, inclusive).

4.0 Information to be Included in an 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:

- Operations and Maintenance Manager: Carlos Torres, 305-637-3277, ext. 2142 ctorres@gmx-way.com

  OR

  GEC Deputy Program Director: Sergio Besu, CGC, 305-301-1081, sbesu@eacconsult.com

- Communications and Marketing Manager: Randy Grice, 305-637-3277, ext. 2209 rgrice@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 ☐ NB ☐ SB ☐ WB ☐ EB ☐

LOCATION OF CLOSURE: _____

DAY/DATE/HOURS OF CLOSURE: **From:** _____, _____/_____/_____, _____:_____ **a.m. ☐ p.m. ☐**

To/Thru: _____, _____/_____/_____, _____:_____ **a.m. ☐ p.m. ☐**

Will the lane closure affect FDOT Road(s) Yes ☐ No ☐

Comments: _____

RAMP ☐ NB ☐ SB ☐ WB ☐ EB ☐

LOCATION OF CLOSURE: _____

DAY/DATE/HOURS OF CLOSURE: **From:** _____, _____/_____/_____, _____:_____ **a.m. ☐ p.m. ☐**

To/Thru: _____, _____/_____/_____, _____:_____ **a.m. ☐ p.m. ☐**

Will the lane closure affect FDOT Road(s) Yes ☐ No ☐

Comments: _____

CROSSSTREET ☐ NB ☐ SB ☐ WB ☐ EB ☐

LOCATION OF CLOSURE: _____

DAY/DATE/HOURS OF CLOSURE: **From:** _____, _____/_____/_____, _____:_____ **a.m. ☐ p.m. ☐**

To/Thru: _____, _____/_____/_____, _____:_____ **a.m. ☐ p.m. ☐**

Will the lane closure affect FDOT Road(s) Yes ☐ No ☐

Comments: _____

GREATER MIAMI EXPRESSWAY

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

LANE CLOSURE REQUEST FORM

TRAFFIC MAINTENANCE PLANS OR MAINTENANCE TRAFFIC SUPERVISOR ACTIONS:

DESCRIPTION OF WORK TO BE PERFORMED:

CONTRACTOR:

PREPARED BY: _____
Work Traffic Supervisor/Responsible PE (Authorized Signatory)

_____ _____
Title Date

GMX APPROVAL

REVIEWED BY CEI: _____
(Authorized Signatory)

_____ _____
Title Date

APPROVED BY: _____
(Authorized Signatory)

_____ _____
Title Date