

PLAN REVIEW MEETING

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|---|---------|-------------------|------------------------------------|
| PROJECT MANAGER/PHONE NO. | | TSC | DATE |
| C.S. | J.N. | PCA | ROUTE |
| PLAN COMP | LETTING | CONSTRUCTION COST | ROW YES NO |
| PROJECT LIMITS, LENGTH, & LOCATION (City or township, etc.) | | | |

TYPE OF WORK (Indicate limits of 3R, 4R, CPM, Non-freeway resurfacing, etc.)

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| OVERSIGHT: <input type="checkbox"/> MDOT <input type="checkbox"/> FHWA | TYPE OF ROUTE: <input type="checkbox"/> INTERSTATE <input type="checkbox"/> NHS <input type="checkbox"/> NON-NHS |
| RAILROAD INVOLVEMENT (within 1000' of project) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> BRIDGE <input type="checkbox"/> AT GRADE CROSSING | |

COUNTY, TOWNSHIP, CIT, VILLAGE OR RAILROAD INVOLVMENT
(Include name, address, phone, e-mail and type of involvement)

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| CONSULTANT (Include firm name, address, contact person, phone, and e-mail) | | DATES KEY PERSONNEL AND CONFERENCE ROOM ARE AVAILABLE FOR THE MEETING (First available date should be at least 3 weeks after submittal date) |
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SPECIAL INSTRUCTIONS OR INVITEES

| QUALITY ASSURANCE SECTION ONLY | | |
|--------------------------------|-----------------|--|
| MEETING DATE | TIME OF MEETING | FACILITATOR |
| MEETING LOCATION | | CONF ROOM RESERVED <input type="checkbox"/> YES <input type="checkbox"/> NO |