Michigan Department of Transportation 1425 (10/08)

NOTIFICATION OF PROPOSED PROJECT INVOLVING A PUBLIC RAILROAD CROSSING

Clear Form

INSTRUCTIONS: TO BE COMPLETED BY ROAD AUTHORITY OR RAILROAD
PLEASE ATTACH A COPY OF APPLICABLE PLANS IF AVAILABLE

☐ **Road Project** - MDOT will determine if a diagnostic review is needed.
☐ **New Crossing** - A review is required for new public roadways or trails proposed to cross a rail line, or for new rail lines to cross an existing public roadway or trail.
☐ **Other** - _____

CROSSING IDENTIFICATION

NAME OF EXISTING OR PROPOSED ROAD/TRAIL		ROAD AUTHORITY	
COUNTY		CITY/VILLAGE/TOWNSHIP	
RAILROAD	NATIONAL INVENTORY #	TRAIN MOVES (Projected if new track) _____ PER _____ (DAY/WEEK/ETC)	
CURRENT ADT	YEAR	PROJECTED ADT (Max. 5 years out)	YEAR

WRITTEN DOCUMENTATION OF CURRENT ADT (WITHIN 3 YEARS/24 HOUR STUDY) MUST BE PROVIDED AT THE REVIEW.

PROJECT INFORMATION

BRIEF DESCRIPTION OF PROPOSED PROJECT (Attach additional sheets if necessary)

ROADWAY DIMENSIONS	CURRENT	PLANNED
Number of Lanes		
Total Road Width		
Shoulder Width		
Curb & Gutter	☐ YES ☐ NO	☐ YES ☐ NO

WILL ROADWAY ELEVATION CHANGE IN RELATION TO CROSSING ELEVATION? ☐ YES ☐ NO	WILL ALIGNMENT OF THE ROADWAY CHANGE? ☐ YES, If yes, please explain above. ☐ NO
PROPOSED CONSTRUCTION START DATE	SOURCE OF FUNDS FOR POTENTIAL RAILROAD SURFACE/SIGNAL WORK

CONTACT INFORMATION

NAME/TITLE	PHONE	FAX	
ORGANIZATION	E-MAIL		DATE
ADDRESS	CITY	STATE	ZIP CODE

FOR MDOT USE ONLY

MDOT RAILROAD SAFETY INSPECTOR		PHONE
STATE TRUNKLINE? ☐ YES ☐ NO	STATE-OWNED RAIL LINE? ☐ YES ☐ NO	EMAIL ADDRESS

Please complete all sections and return with a copy of applicable plans if available, to: Ms. Tina Hissong, Manager, MDOT Rail Safety Section, 2700 Port Lansing Rd., Lansing, Michigan 48906, **hissongt@michigan.gov**, (517) 335-2592, FAX (517) 373-0856.