Texas Department of Transportation
Technical Provisions

SH 183 Managed Lanes Project

Attachment 18-1
TxDMV Permit Restriction Application

Motor Carrier Division
Permit Restriction Application

District Number:		District Name:

New Restriction ☐	Amend Restriction ☐	Cancel Restriction ☐

Highway: _____   **County:** _____

From junction: _____

To junction: _____

Direction(s) affected: Northbound ☐   Southbound ☐   Eastbound ☐   Westbound ☐

Turns affected:

Maximum dimensions allowed. If a dimension is not affected, please put N/A in the space provided.
Please enter dimensions in feet and inches DO NOT enter "legal."

Width:	Height:	Overall Length:	Trailer Length:
Weight:	Overweight ONLY is Okay:		

NOTE: Do not over restrict your highways; loads with small dimensions might safely travel through the restricted area without any inconvenience to the construction crew and/or the traveling public.

Start date: _____   **End date:** _____

Type of work or reason:
Construction: ☐   Maintenance: ☐   Sealcoat: ☐   Safety: (physical limits) ☐   Other: ☐

Comments:

Approved by: _____   Date: _____

Date restriction lifted: _____   Approved by: _____

MCD Mapping Coordinator   phone: 512-302-2166
e-mail: mcd_permit-restriction-@txdmv.gov

We cannot correctly restrict your roadway unless this form is filled out completely.