

**Texas Department of Transportation  
Technical Provisions**

**SH 183 Managed Lanes Project**

**Attachment 18-1  
TxDMV Permit Restriction Application**



# Motor Carrier Division Permit Restriction Application

Rev. 7/2012

District Number: _____	District Name: _____
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New Restriction <input type="checkbox"/>	Amend Restriction <input type="checkbox"/>	Cancel Restriction <input type="checkbox"/>
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**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](mailto:mcd_permit-restriction-@txdmv.gov)

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