



Kaslo Enterprises, LLC  
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## COMMUNITY NOTICE – UPCOMING CONSTRUCTION

This Public Notice is to inform you and the residents surrounding 10 University Blvd W, Silver Spring, MD 20901, of planned construction work to be performed by Kaslo Enterprises, LLC **beginning 01-17-2024 and ending 01-24-2024** between 9:00 PM and 5:00 AM, weather permitting, Sunday nights through Friday mornings.

As a result of the construction taking place, there will be three-lane closures on westbound and southbound US 29 (Colesville Road) between University Blvd W and University Blvd E.

Kaslo Enterprises, LLC is the Utility Subcontractor for Fort Myers Construction. During these closures, Kaslo will provide skilled crews to expedite the work and utilize all proper traffic control signage to adjust and manage a safe traffic control pattern.

Those with questions regarding this work should contact:

Felix Rodriguez

Kaslo Enterprises, LLC

Supervisor

(443) 563-4356

## TEMPORARY TRAFFIC CONTROL TYPICAL APPLICATION







**IMPORTANT:**  
THIS DRAWING SHALL BE USED IN COMBINATION WITH THE GENERAL NOTES MD 104.00-01 - MD 104.00-18 AND STANDARD DETAILS MD 104.01-01 - MD 104.01-81

**NOTE:**  
IN THE VICINITY OF RIGHT HAND RAMPS, IMPLEMENT THIS TEMPORARY TRAFFIC CONTROL CLOSURE SET UP FIRST IN LIEU OF THE RIGHT LANES CLOSURE SET UP WHEN BOTH SET UPS ARE NECESSARY.

THERE SHALL BE A MINIMUM OF SEVEN CHANNELIZING DEVICES IN THE SHOULDER TAPER.

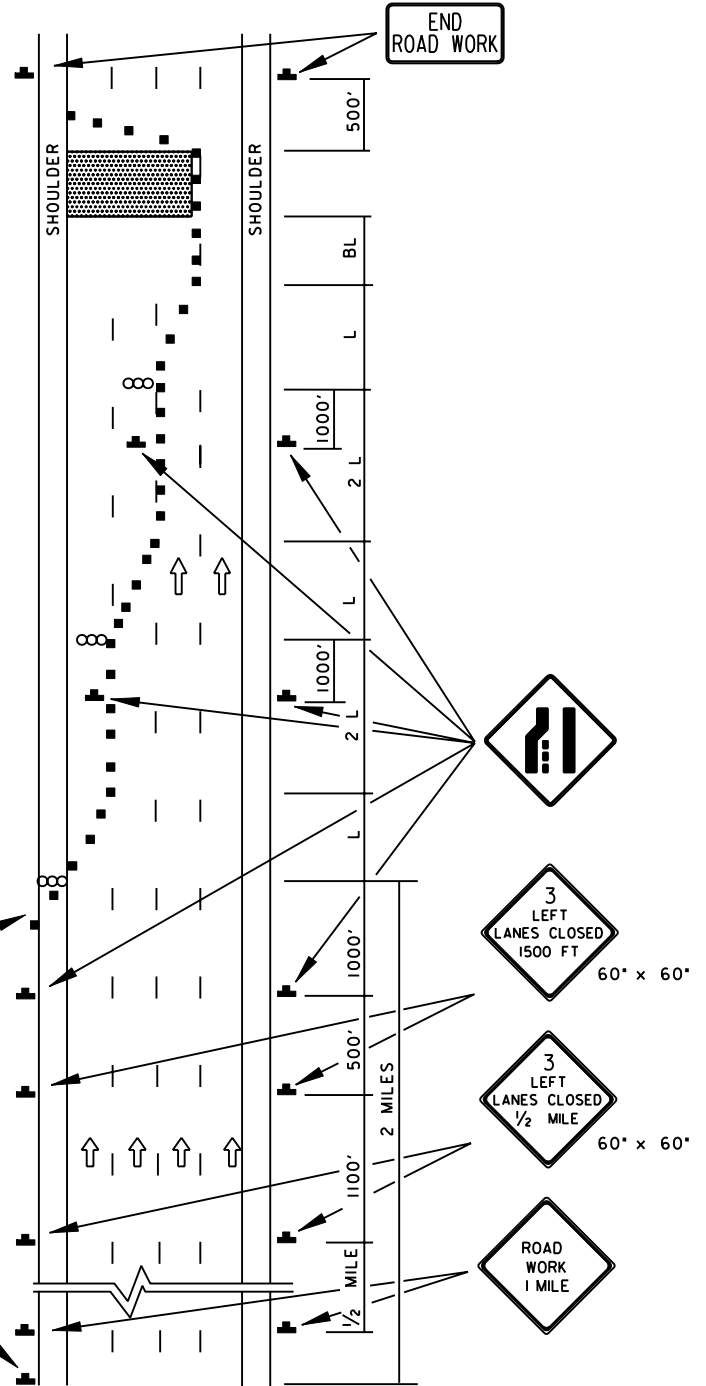
THE ENGINEER SHOULD CONSIDER ADDITIONAL, ADJACENT LANE CLOSURES WHEN THE POSSIBILITY OF UNPLANNED TRAVELWAY ENCROACHMENTS EXISTS.

**KEY:**

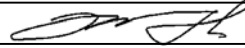
-  CHANNELIZING DEVICES
-  SIGN SUPPORT  
FACE OF SIGN
-  DIRECTION OF TRAFFIC
-  WORK SITE
-  ARROW PANEL
-  PORTABLE VARIABLE MESSAGE SIGN

1/3 L SHOULDER TAPER

MESSAGE AND PLACEMENT TO BE DETERMINED BY ADE-T.



|                             |                     |
|-----------------------------|---------------------|
| SPECIFICATION<br><b>104</b> | CATEGORY CODE ITEMS |
|-----------------------------|---------------------|

APPROVED   
DIRECTOR - OFFICE OF TRAFFIC AND SAFETY



|                          |   |
|--------------------------|---|
| APPROVAL • SHA REVISIONS | APPROVAL • FEDERAL HIGHWAY ADMINISTRATION |
| APPROVAL <b>8-20-03</b>  | APPROVAL <b>9-23-03</b>                   |
| REVISED <b>8-11-10</b>   | REVISED <b>10-5-10</b>                    |
| REVISED                  | REVISED                                   |
| REVISED                  | REVISED                                   |

**Maryland Department of Transportation  
STATE HIGHWAY ADMINISTRATION**  
STANDARDS FOR HIGHWAYS AND INCIDENTAL STRUCTURES  
**3 LEFT LANES CLOSURE/EXP-FREEWAY  
GREATER THAN 40 MPH/OVER 12 HRS.  
OR NIGHTTIME USE**

**STANDARD NO. MD 104.05-12**

**TRAFFIC CONTROL PERMIT APPLICATION**

Permit No.: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION I – TYPE OF TRAFFIC CONTROL REQUEST (Check One Only)**

Normal Hours Closure                      Detour  
Nighttime/Weekend Closure              Special Request (i.e. Ramps) \_\_\_\_\_

**SECTION II - PERMITTEE INFORMATION**

Company (Name): \_\_\_\_\_ Project Contact (Name): \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**SECTION III – LOCATION & DESCRIPTION OF TRAFFIC CONTROL**

**A. LOCATION**

MSHA Route #: \_\_\_\_\_ Also known as (street name): \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
MSHA Proj. No. (if any): \_\_\_\_\_ Job ID or Company's Ref. #: \_\_\_\_\_  
MSHA Contact Person: \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**B. DESCRIPTION**

Requested Date(s): \_\_\_\_\_ Day(s) of Work: \_\_\_\_\_  
Requested Time Period: \_\_\_\_\_

Travel Direction of Closure     N    S    E    W    INNER LOOP    OUTER LOOP

Closed Lanes:    LT SH    #1    #2    #3    #4    #5    RT SH    OTHER

MSHA Traffic Control Standard No: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Traffic Control Manager (Name): \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email : \_\_\_\_\_

Request for closure must be made **5 BUSINESS DAYS** prior to actual closure.  
**(Weekend requests must be in by Monday and Monday requests must be in by the previous Tuesday).**  
Permittee must coordinate with the Project Engineer if working within Construction Work Zone Limits, in order to receive permission to work in that area.  
Permittee is responsible for implementation of all traffic control devices, which must be in compliance with noted traffic control standard and the MdMUTCD.  
This permit is subject to revocation at the direction of the MSHA.  
Permittee must have a copy of the approved Traffic Control Permit at the work site.

**Please fax completed form to:**

**The State Operations Center (SOC) must be contacted at 1-800-543-2515 each day the permit is in effect.  
Permittee Must contact MSHA District Office and the SOC 30 minutes prior to closing any MSHA Roadway or shoulder.**