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MARYLAND DEPARTMENT OF TRANSPORTATION						

STATE HIGHWAY ADMINISTRATION

Maryland Department of Transportation Special Event Permit - Data Sheet

Event Nam	ne:				
Submittal [Date:	_			
Start Date:		End Date:			
Start Time	:	End Time:			
Purpose/T	уре:				
Organizer:					
Contact Pe	erson:	Daytime Phone:			
Address:		Evening Phone:			
		Email Address:			
Number of	Participants: Number of Vehicles	: Rain/Snow Date: _			
Proposed I	Route (Written Description)				
-	e occupying all or part of a travel lane?				
-	e closing all or part of a roadway?				
Have you enlisted local police assistance ?			Number		
Have you enlisted Maryland State Police assistance? Number					
THE EVENT ORGANIZER IS RESPONSIBLE FOR OBTAINING LOCAL AND/OR MARYLAND STATE POLICE ASSISTANCE AND APPROVAL SIGNATURES					
Place an "X" on the line next to the MDOT SHA District(s) your event will take place in.					
District 1	District 1 Dorchester / Somerset / Wicomico / Worcester				
	Caroline / Cecil / Kent / Queen Anne's / Talbot				
	3 Montgomery / Prince George's				
	Baltimore / Harford				
	Anne Arundel / Calvert / Charles / St. Mary's				
	Allegany / Garrett / Washington				
	Carroll / Howard / Frederick				
	e Following				
	Map of affected routes				
	-				
	Cue sheets (If Available)	ile on how interportions will be cont	rolled and by whom		
TRAFFIC CONTROL PLAN - Including details on how intersections will be controlled and by whom, a detour plan, locations of police officers, locations of marshals/volunteers, and locations of traffic					
	control devices.				
1	Other Event Details:				
	(Contact the MDOT SHA District Office	in which the majority of your eve	ent takes place to		

(Contact the MDOT SHA District Office in which the majority of your event takes place to determine if any additional information is required.)

Submit completed DATA SHEET and SIGNATURE SHEET to the MDOT SHA - NO LATER THAN 60 DAYS PRIOR TO YOUR EVENT