



LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT

REVIEW OF PERMIT REQUEST FORM FOR POLITICAL BOUNDARY SIGNS ON STATE RIGHT OF WAY

LOCAL GOVERNMENT IN	NFORMATION	General Notes:
Name		The political boundary signs are
Mailing Address		standard highway signs and shall be
City	State	Zip Code designed as follows: 1. The signs shall be made with green
DESIGNATED GOVERNM	IENT OFFICIAL CONTACT INFO	PRMATION (OWNER) background reflective sheeting with
(Submit Power of Attorney docum agreement on behalf of the local g	nentation stating this person has the authorsornment).	sheeting in a standard font. Other
Name		legends and symbols may be in different colors, fonts, and reflective
Title		sheeting.
Phone	Fax	
Email		installed on breakaway posts or shal be installed behind existing guardrail.
DESIGNATED CONTACT	INFORMATION (if different fro	m above) Breakaway posts shall be AASHTC
Name		approved.
Title		3. The signs shall contain no commercial advertising or sponsorship.
Phone	Fax	4. Minimum letter heights for capital and
Email		lower case letters for the primary
LOCATION INFORMATIO	N OF THE DEVICE	message are: a. two lane roadways - 4 inch
Attach map with location nearest state route inters	identified along with approxin	hate distance from the lettering spaced 3 inches apart b. multilane roadways, 45 mph or
City	Parish	less - 4 inch lettering spaced 3
State Route		c. multilane roadways, 50 mph oi
	Longitude	greater – 6 inch lettering
State Route	_	spaced 4.5 inches apart d. control of access roadways – 13
	Longitude	
State Route	3	apart
	Longitude	If installing lighting and/or landscaping
State Route	-	then a Gateway Sign, not Political
	Longitude	Boundary Sign, Permit Request should be used.
State Route	•	be osed.
	 Longitude	
State Route		
Latitude	 Longitude	(If more than 6 locations, attach additional sheet
 A map illustrating v Breakaway sign su If incorporated: A If unincorporated: 	ATTA where the signs will be placed pport specifications and construct legal copy of the limits of corporat A signed document by the parish	CH THE FOLLOWING:
I certify that the inform	nation contained herein is true,	complete, and correct to the best of my knowledge. I understand that if d, this request and any permit issued based on this information shall be

DEPARTMENT OF TRANSPORTATION & DEVELOPMENT USE ONLY

Date Request Received Date Owner Contacted (Owner should be contacted within 14 business days of date request is received.) District Request Processed By (District Permit Specialist)							
	'	,					
District Personnel to Review			Comments:				
District Traffic Operations Engineer	(Print & Initial)	Date	_				
Phone #	email:						
Area Engineer (Print & Initial)	Date	_				
Phone #	_ email:						
Notification of Receipt Sent to A (with or without comments or resubr			Date				
Denial Letter Sent to Applicant I	nv.	Date					