## *MARTA LIGHT RAIL ROW Notice of Work & Request for Track Access*

***Note: Work within 10 feet of the Overhead Contact System requires line deactivation; any continuous work within its Envelope of Operation requires shutdown of service. Efforts must be made to schedule such work during non-operational hours unless due to emergency or major construction work. Please complete a streetcar OCS Deactivation Request Form if work requires line deactivation.***

**Minimum Ten-business days notification**

**Required Information**

|  |
| --- |
| Location of Work (Affected street – include cross streets at both ends with proximity in feet to nearest cross street) |
|       |
| Project Date(s): (mm/dd/yy) | Monday-Friday Start Time | Monday-Friday End Time |
| **until** |   :   \_m |   :   \_m  |
| Saturday Start Time | Saturday End Time | Sunday Start Time | Sunday End Time |
|   :   \_m |   :   \_m |   :   \_m |   :   \_m |
| Company Name | Right of Way (ROW) Permit No. |
|       |       |
| Applicant Name  | Office Phone | Mobile Phone |
|       |       |       |
| Applicant e-mail address | Fax (if unable to provide e-mail) |
|       |       |
| Primary Contact Person (Name & Title) | Mobile Phone 24/7 |
|       |       |
| Alternate Contact Person (Name & Title) | Mobile Phone 24/7 |
|       |       |

|  |
| --- |
| SuppLEMENTAL INFORMATION |
| General description of work within MARTA Light Rail Right-Of-Way (10’ either side from center of track). ▼ Include description in space below ▼ |
| Nature of Work |
|       |
| Will general-purpose traffic be detoured or shifted because of work? ▼ If “YES” continue below ▼ | (Check one)► | [ ]  | YES | [ ]  |  NO |
| Traffic Control Plan (Brief Description of Official Detour Route, Traffic Shift & UPO posts) |
|       |
| Will work affect MARTA Light Rail Station Stops? ▼ If “YES” continue below ▼ | (Check one)► | [ ]  | YES | [ ]  |  NO |
| Location of station stop(s) and how affected |
|       |
| Will equipment/personnel enter the envelope of operation\* or be below track slab? \*5 feet either side from center of track – and plane reaching to height of streetcar ▼If “YES” continue below ▼ | (Check one)► | [ ]  | YES | [ ]  |  NO |
| Type of equipment used and estimated frequency & duration for it and workers being inside the envelope or underneath the slab |
|       |
| Will equipment/personnel continuously need to be inside envelope? ▼ If “YES” see below ▼ | (Check one)► | [ ]  | YES | [ ]  |  NO |
| Continuous work inside or underneath the envelope is not allowed during MARTA Light Rail hours of operation – Work must be scheduled during non-operational hours which can vary if after-hours operator training is scheduled |
| Will any equipment/personnel come to within ten feet of the OCS\*? \*Overhead Contact System (High Voltage Line) ▼ If “YES” see below ▼ | (Check one)► | [ ]  | YES | [ ]  |  NO |
| Work within 10’ of the OCS requires line deactivation during non-operational hours – Complete a MARTA Light Rail OCS Deactivation Request |
| If work requires continuous access to the envelope of operation or an OCS outage, will more time be needed than during allowed nightly non-operational hours? ▼If “YES” see below ▼ | (Check one)► | [ ]  | YES | [ ]  |  NO |
| Work that requires continuous access to the envelope of operation, an extended OCS outage or extensive trenching underneath the track slab requires the shutdown of MARTA Light Rail operations and implementation of a bus bridge shuttle and only is allowed due to extreme emergency or major DOT project work |

|  |  |
| --- | --- |
| **Confirmation of request**  | **Form No.**  |
| ***FOR MARTA Light Rail OPERATIONS ONLY*** |
| ***Permit Request approved?*** | ***[ ] Yes*** ***[ ] No*** | ***If “NO” then explanation for denial*** *►* |
|  |
| ***Light Rail Ops approved?*** | **[ ] Yes [ ] No** | ***Director of Streetcar Services:***  | ***Date:*** | ***Dispatch notified?*** | **[ ] Yes [ ] No** |
| ***Request rescinded by MARTA Light Rail cancelled by submitter?*** | ***[ ] Yes*** | **Date rescinded or Cancelled** |
| ***▼ If “YES’ then reason for rescinding or cancelling ▼*** |  |
|       |
| **Name** | **Date received** | **Date approved/Rejected** |
|  |  |  |  | [ ]  Approved [ ]  Rejected |