



**ENGINEERING & OPERATIONS**

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**SUBJECT: ALTERNATIVE PAVEMENT MARKING REMOVAL METHOD PROPOSAL**

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

County Construction Engineer

County Street Name and/or Road Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

County Capital Improvement Program (CIP #) or Land Development Project Identification Number (PI #): \_\_\_\_\_

**PAVEMENT REMOVAL:**

During Temporary Traffic Control

Pavement Marking Errors

**REQUIRED DOCUMENTS:**

Plans Showing Errant Pavement Markings to be Removed

Pictures Showing the Pavement Markings to be Removed

Equipment Manufacture: \_\_\_\_\_

Equipment Model: \_\_\_\_\_

Operating Parameters: \_\_\_\_\_

Explain how you will achieve complete removal of conflicting existing pavement markings:

Explain how you will minimize damage to the pavement:

CONTRACTOR SIGNATURE

COUNTY SIGNATURE APPROVAL

\_\_\_\_\_  
\_\_\_\_\_  
Print Name / Date

\_\_\_\_\_  
\_\_\_\_\_  
Print Name / Date