

COLD WEATHER PAVING APPROVAL

The following list of items should cover all concerns if the need for cold weather paving should arise:

- 1) Project No.:
- 2) Municipality:
- 3) Street Name:
- 4) Anticipated paving Schedule: include number of days and hours of work: As needed by _____ in _____ and _____. The hours of operation will generally be _____ A.M. to _____ P.M. during the day.
- 5) Plant Location(s) & Phone Number(s):
- 6) Rate of Production:
- 7) Average Haul Distance:
- 8) Number of Trucks:
- 9) Paver Speed (distance/min.):
- 10) Delivered mix temperature (+/- 5 degrees):
- 11) Maximum length and width of paver pass:
- 12) Average compacted lift thickness: 4" of Class 1
- 13) Number of rollers (include capacity, type and drum width):
- 14) Name and number of contractor representative responsible for the placement and compaction process:
_____ (____)_____-_____
- 15) Name and emergency contact information of Municipal Representative responsible for the inspection during operation:
_____ (____)_____-_____
- 16) Reason(s) for request to allow paving under cold weather conditions:
- 17) Impact of **not** proceeding with paving under cold weather conditions:

I approve the aforementioned conditions for cold weather paving.

Municipal Official Signature

Date

Print Name

District Engineer Signature

Date

Print Name