

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**STATE HIGHWAY ACCESS CONNECTION
COMPLETENESS REVIEW**

Additional information is required on the below referenced Connection Application

PART 1: APPLICANT INFORMATION

APPLICATION NUMBER: _____

PROJECT NAME: _____

Name of Applicant or authorized agent: _____

Name of Organization: _____

Mailing Address: _____

Engineer, Consultant or Project Manager: _____

Address: _____

PART 2: ADDITIONAL INFORMATION REQUIRED

NOTE: YOU HAVE 60 DAYS FROM THE RECEIPT OF THIS REVIEW TO RETURN THE ADDITIONAL INFORMATION REQUESTED. If the additional information has not been received by the Department within 60 days, the Application shall be acted upon with the information provided in the application. (You can request more than 60 days by completing the Applicant Time Extension Form #850-040-22).

THE FOLLOWING INFORMATION IS REQUIRED:

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**STATE HIGHWAY ACCESS CONNECTION
COMPLETENESS REVIEW**

PART 3: RESPONSE ADDRESS

IF YOU HAVE ANY QUESTIONS CONCERNING THIS REVIEW PLEASE CONTACT:

SENT BY: _____
PRINT OR TYPE

ADDRESS: _____

TITLE: _____

PHONE: _____

SIGNATURE: _____
FDOT STAFF

DATE: _____