**Concept Development Checklist**

**Horizontal Curve Sign Project**

**Route XX, MP XX.XX – XX.XX**

|  |  |
| --- | --- |
| **Contract Number:** |       |
| **Milepost Limits:** |     |
| **UPC Number:** |       |
| **Municipality(ies):** |       |
| **County:** |       |
| **Project Manager:** |       |
| **CD Designer:** |  |

*Notes:*

* ***All item checked “Y” or “N”*** *shall be briefly discussed in the* ***‘Comments’*** *section below the checklist items.*
* *NFI:* ***N****eeds* ***F****urther* ***I****nvestigation in Final Design (explain below).*

**Concept Development Checklist**

* 1. **Mobility Engineering Operations-Work Zone**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y** | **N** | **N/A** | **NFI** |  |
|  |  |  |  | 1. Is this location(s) a ramp as classified by NJDOT’s Straight Line Diagrams?
 |
|  |  |  |  | 1. Was this location(s) ever evaluated for the installation of horizontal curve warning signs, or other traffic control devices such as painted rumble strips, flashing beacons, delineators, rumble strips on the outside of horizontal curves, sight distance, etc.?
 |
|  |  |  |  | 1. Was this location(s) generated using the Systemic Roadway Departures (at Curves Mitigation) Study? List any other recommendations for this location(s), as per the study.
 |
|  |  |  |  | 1. Does the Bureau of Traffic Engineering have any recent, pending or ongoing design request from a party outside of this Bureau to improve the horizontal or vertical curve warning signs?
 |
|  |  |  |  | 1. Is there a location(s) within this project where a combination of several factors such as the horizontal curve, vertical curve, grade, sight distance, road conditions etc. would warrant further evaluation for other high/value low cost countermeasures?
 |
|  |  |  |  | 1. Can the project address sign pollution within its limits?
 |
|  |  |  |  | 1. Are there any existing signs potentially non-compliant with either MUTCD or Supplemental Guide Sign Policy in close proximity to the locations in this study?
 |
|  |  |  |  | 1. Will there be any ROW impact for the installation of signs at the locations indicated (e.g., acquisition, easement)? Usually the signs can be designed to circumvent the ROW constraints. There is a rare chance that ROW is impacted.
 |
|  |  |  |  | 1. As per 2009 MUTCD Section 2B.40 requirements, are there any substandard ONE-WAY Signs (R6-1, R6-2) or is there a need to install ONE-WAY Signs (R6-1, R6-2) within the project limits?
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| ***Comments:*** | 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
|  | 5. |  |
|  | 6. |  |
|  | 7. |  |
|  | 8. |  |
|  | 9. |  |

* 1. **Safety**

 **Y N N/A NFI**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | * 1. Do any locations within the proposed project limits rank on the Safety Management System or considered a Systemic Mitigation Priority?
 |

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| **Comments:** | 1. |  |

* 1. **Mobility Engineering Operations-Work Zone Recommendations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y** | **N** | **N/A** | **NFI** |  |
|  |  |  |  | 1. Staged Construction - Is it necessary and/or feasible? Has conceptual approval been received from Mobility Engineering Operations-Work Zone? (*Provide any additional information in the* ***‘Comments’*** *section below.)*
 |
|  |  |  |  | 1. Detour – Is it necessary and/or feasible? Has conceptual approval been received from Mobility Engineering Operations-Work Zone? (*Provide any additional information in the* ***‘Comments’*** *section below.)*
 |
|  |  |  |  | 1. Have feasible Lane Closure Hours been obtained from Mobility Engineering Operations-Work Zone? (*Attach Mobility Engineering Operations-Work Zone correspondence to this Checklist and provide any additional information in the* ***‘Comments’*** *section below.)*
 |

|  |  |  |
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| ***Comments:*** | 1. |  |
| 2. |  |
| 3. |  |

* 1. **Utility Facilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y** | **N** | **N/A** | **NFI** |  |
|  |  |  |  | 1. Are there any underground utilities? Underground utilities include Gas, Sewer, Electrical, Drainage Systems, ITS, etc. *(Provide a list of identified underground facilities in the* ***‘Comments’*** *section below.)*
 |
|  |  |  |  | 1. Are there any potential conflicts with underground utilities? *(Provide any additional information in the* ***‘Comments’*** *section below.)*
 |

|  |  |  |
| --- | --- | --- |
| ***Comments:*** | 1. |  |
| 2. |  |

* 1. **Environmental Impacts / Concerns – Attach a copy of the Environmental Screening Report (ESR) which will identify and document potential environmental issues. The ERS is to be prepared by the Bureau of Landscape Architecture and Environmental Solutions (BLAES).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y** | **N** | **N/A** | **NFI** |  |
|  |  |  |  | 1. Does the installation require clearing of vegetation in a regulated area, such as wetlands, transition areas, and riparian zones? *(If yes, list potential impacts in the* ***‘Comments’*** *section below.)*
 |

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| ***Comments:*** | 1. |  |

* 1. **Offices / SME’s consulted on this Project**

|  |  |  |  |
| --- | --- | --- | --- |
| **Y** | **N** | **Office** | **Name / Phone #** |
|  |  | 1. Bureau of Traffic Engineering
 |  |  |
|  |  | 1. Bureau of Safety, Bicycle & Pedestrian Programs
 |  |  |
|  |  | 1. Mobility Engineering Operations-Work Zone
 |  |  |
|  |  | 1. Environmental
 |  |  |
|  |  | 1. Construction Management (Constructability Review)
 |  |  |
|  |  | 1. Project Management
 |  |  |
|  |  | 1. Division of Regional Operations
 |  |  |

* 1. **Funding / Authorization Information**

|  |  |  |
| --- | --- | --- |
| **Y** | **N** |  |
|  |  | 1. **Is the Project Programmed in the STIP for all Phases of Work? Please provide Line Item info below.**
 |
|  |  | 1. **What is the anticipated FD authorization date and estimate? Provide info below.**
 |
|  |  | 1. **What is the anticipated CON authorization date and estimate? Provide info below.**
 |
|  |  | 1. **Is this project exempt from Air Quality Conformity Analysis?**
 |

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| --- | --- | --- |
| ***Comments:*** | 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

* 1. **Project Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y** | **N** | **N/A** | **NFI** |  |
|  |  |  |  | 1. Are the signs part of any other CPM Project? *(Provide any additional information in the* ***‘Comments’*** *section below)*
 |
|  |  |  |  | 1. Is there any project in the vicinity of these signs? (*If yes, note in the* ***‘Comments’*** *section below if this signs can be replaced as part of that project?*)
 |

|  |  |  |
| --- | --- | --- |
| ***Comments:*** | 1. |  |
| 2. |  |

* 1. **Verification of Limited Scope Project Development**

|  |  |  |
| --- | --- | --- |
| **Y** | **N** |  |
|  |  | Based on the information obtained/observed during the field visit, input obtained from SME’s, and coordination/cross-checks with the various Management Systems, does the proposed scope of work for this project fit the definition of a *‘Limited Scope Project’*. |

|  |  |  |  |
| --- | --- | --- | --- |
| Approved: |  |  |  |
|  | *(Insert Name)*, Project Manager |  | Date |