

Colorado Department of Transportation



Address 1 (Optional)  
 Address 2  
 City, CO Zip  
 Phone: XXX-XXX-XXXX  
 FAX: XXX-XXX-XXXX

Region #

Initials

Sheet Revisions		
Date	Description	Initials
mm/dd/yy	XXXXXXXX	XXX

Sheet Revisions		
Date	Description	Initials
mm/dd/yy	XXXXXXXX	XXX

Sheet Revisions		
Date	Description	Initials
mm/dd/yy	XXXXXXXX	XXX

Right of Way Plans

Plan Sheet

Project Number: XXXXX

Project Location: XXXXX

XXXXX

Project Code	Last Mod. Date	Subset	Sheet No.
XXXXXX	mm-dd-yy	7.XX to 7.XX	7.XX