

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			
Project Control Diagram Plan sheet			
Number: XXXXX			
Project Location: XXXXX			
XXXXX			
Project Code:	Last Mod. Date	Subset	Sheet No.
XXXXXX	mm-dd-yy	3.XX to 3.XX	3.XX