

Colorado Department of Transportation



Address
City, CD zip code
Phone:
Fax:

Region _

PLS-II

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