

COMPANY NAME
ADDRESS
ADDRESS



SKETCH PLANS OF
PROJECT DESCRIPTION

TOWN

FACILITY CARRIED
OVER FEATURE INTERSECTED

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION
HIGHWAY DIVISION

APPROVED BY _____ DATE _____

STRUCTURAL ELEMENTS:

TITLE:

HIGHWAY ELEMENTS:

TITLE:

SHEET XX OF XX SHEETS BRIDGE NO. X-XX-XXX (XXX)

Trim Line

Bottom Border Line

XXXXXX Sketch Plans Submittal (SP#) DD-Month-YYYY

NOTE: For proper Project Description as well as for appropriate identification of the Facility Carried/Feature Intersected refer to Section 4.2.2.2 of Part I. The character size of the project description may have to be reduced to fit in.