



COUNTY OF SANTA BARBARA  
DEPARTMENT OF PUBLIC WORKS  
ROAD MAINTENANCE DIVISION  
**Project Initiation Request**

RM-0102 (REV. 1/11/96)

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Staff Contact: \_\_\_\_\_

**Check Appropriate Boxes**

To Send to Requestor: (Y) (N)

Copy of this Request	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Annual Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Plan Hearing Dates:	<input type="checkbox"/>	<input type="checkbox"/>

**Location:** (Attach Vicinity map)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Maintenance Area:**

SECTION ID	NUMBER	AREA	CODE

**Description of Work:** (Be As Specific As Possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Referred for Scope Recommendations and Cost Estimate.To:** (Check Box)

Construction [ ] Engineering [ ] Maintenance [ ] Transportation [ ] Other [ ]

**Recommended Scope of Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cost Estimate Of Work Recommended:** \$ \_\_\_\_\_

**Preliminary Environmental Review:** (CEQA/Permits)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pictures:** (Attach on Separate Sheet and Label)

\_\_\_\_\_  
\_\_\_\_\_

**Superintendent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_