

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

Ownership

Project Number: XXXXX			
Project Location: XXXXX			
XXXXX			
Project Code:	Last Mod. Date	Subset	Sheet No.
XXXXXX	mm-dd-yy	8.XX to 8.XX	8.XX