



**TRAFFIC CONTROL PLAN APPROVAL FORM**

**INSTRUCTIONS:** Complete below and attach a work area traffic control plan. Return to this office for approval at least **72 hours prior to construction**. This approved form must be on the job site at all times.

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

Type of Construction: \_\_\_\_\_

Location of Construction/Work: \_\_\_\_\_

Requested Date(s) of Work: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Requested Time(s) of Work: From: \_\_\_\_\_ am pm To: \_\_\_\_\_ am pm

<b>To Be Completed By Traffic Control Company</b>	
Company Name: _____	
Contact Person(s): _____	
Company Address: _____	
Day Phone: _____	Evening Phone: _____
Set Up For: _____	Address: _____

<b>DO NOT WRITE IN SPACE BELOW</b>		
Traffic Control Plan Has Been	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Reason For Denial: _____		
Date(s) Setup Approved For: From: _____ / _____ / _____ To: _____ / _____ / _____		
Time(s) Setup Approved For: From: _____ am pm To: _____ am pm		
Other Remarks: _____		
Notification Letter to Residents/Businesses Required? (If letter required, a copy must be attached.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Approved By: _____	_____	
Access & Utility Coordinator	Date	