

**APPLICATION FOR TRAFFIC SIGNAL APPROVAL**

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

**A – Maintenance and Operation Information**

- Municipality has a fully executed Commonwealth and Municipal Traffic Signal Maintenance Agreement covering all signals in the municipality, Agreement # \_\_\_\_\_, with an effective date of \_\_\_\_\_. Issuance of a new or revised permit amends Municipality's signal list in TSAMS.
- Municipality does not have an existing Commonwealth and Municipal Traffic Signal Maintenance Agreement covering all signals in the municipality. Traffic Signal Maintenance Agreement must be completed, executed by the municipality, and attached to this application.

**B – Application Description**

PennDOT District: \_\_\_\_\_ County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Location (Intersection): \_\_\_\_\_

Traffic Control Device is:  NEW Traffic Signal  EXISTING Traffic Signal, permit # \_\_\_\_\_Type of Device (select one):  Traffic Control Signal  Electronic Sign  Flashing Warning Device In-Roadway Warning Lights  Intersection Control Beacon Rectangular Rapid Flashing Beacon (RRFB)  School Zone Speed Limit Sign LED Border Lit Sign  Other \_\_\_\_\_Is Traffic Signal part of a system?  Yes  No System Number (if applicable): \_\_\_\_\_

If YES, provide locations of all signalized intersections in system.

Explain the proposed improvements.

**C – Attachments Listing**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Municipal Resolution           | <input type="checkbox"/> Location Map               | <input type="checkbox"/> Traffic Volumes/Pedestrian Volumes |
| <input type="checkbox"/> Letter of Financial Commitment | <input type="checkbox"/> Photographs                | <input type="checkbox"/> Turn Lane Analysis                 |
| <input type="checkbox"/> Warrant Analysis               | <input type="checkbox"/> Straight Line Diagram      | <input type="checkbox"/> Turn Restriction Studies           |
| <input type="checkbox"/> Crash Analysis                 | <input type="checkbox"/> Capacity Analysis          | <input type="checkbox"/> Municipal Contact Information      |
| <input type="checkbox"/> Traffic Signal Study           | <input type="checkbox"/> Traffic Impact Study (TIS) | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Condition Diagram              |   |   |

**D – Applicant (Municipal) Certification**

The applicant desires to own, operate, and maintain the traffic control device in the location identified above; and the Vehicle Code requires the approval of the Department of Transportation ("Department") before any traffic signals may be legally erected or modified. Applicant agrees to own and maintain the traffic signal in accordance with the Commonwealth and Municipal Traffic Signal Maintenance Agreement referenced in Section A.

By (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Municipal Authorized Official: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_

**DEPARTMENT USE ONLY**

County: \_\_\_\_\_ Engineering District \_\_\_\_\_

Department Tracking #: \_\_\_\_\_ Initial Submission Date: \_\_\_\_\_