

APPLICATION FOR PERMIT TO OPERATE TEMPORARY TRAFFIC CONTROL SIGNALS

A	Applicant's Contact Information	
	Applicant's Name	
	Applicant's Company	
	Company Address	
	Company Phone Number	Company Fax Number
	Cellular Phone Number	E-mail Address
	Name of Emergency Contact Person <small>(Must be available 24 hrs./day, 7 days/week during period of usage.)</small>	Cellular Phone Number
B	Description of Traffic Control Device	
	Type of Device	
	Select One:	
	<input type="checkbox"/> Mounted on Fixed Supports <input type="checkbox"/> Trailer Mounted <input type="checkbox"/> Pedestal Mounted <input type="checkbox"/> Other (explain)	
	Traffic Control Device Manufacturer	Manufacturers Model No.
	PennDOT Approval No.	
C	Work Zone Information	
	Was a site visit performed prior to submitting this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Traffic Control Device Usage:	Begin End
	Engineering District	County Municipality
	On State Route (SR)	Direction
	From: Segment	Offset
	To: Segment	Offset
	On Local Road	Direction
	From	
	To	
	Normal Speed Limit	mph
	ADT	veh/day
	Maximum Length of One-Lane, Two-Way Traffic Section	feet (Between <i>STOP HERE ON RED</i> Signs)
	The traffic control device will be used to control: (Check all that apply)	
	<input type="checkbox"/> One-Lane, Two-Way Traffic <input type="checkbox"/> No More than Two approaches <input type="checkbox"/> Other (please describe):	
	Type of Operation:	<input type="checkbox"/> Long-Term Stationary <input type="checkbox"/> Short Term Stationary <input type="checkbox"/> Other (please describe):

C	Work Zone Information... continued		
	Will all signal faces exceed the thresholds for signal face visibility specified on the Publication 213 figure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does the site contain an intersection within the one-lane, two-way traffic section?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does the site contain an uncontrolled commercial driveway within the one-lane, two-way traffic section?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is any roadway approach to the traffic control device on a steep downgrade (5% or more)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does the site contain an at-grade railroad crossing within 300 feet of the work zone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Proposed work description:		

D	Traffic Control Device Operational Information		
	Mode of Operation		
	Select One:		
	<input type="checkbox"/> Manually-Controlled	<input type="checkbox"/> Pre-Timed	<input type="checkbox"/> Actuated <input type="checkbox"/> Other (explain)
	PennDOT Publication Figure: PATA _____ will be followed.		
	All-red clearance time is _____ seconds based on assumed traffic speed of _____ mph within one-lane, two-way section.		
	The proposed minimum green time shall be at least 10 seconds.		
	The proposed maximum green time shall be determined based on field conditions.		
	The proposed yellow change clearance interval shall be five (5) seconds unless otherwise indicated by PennDOT.		

E	Applicant Certification		
	The applicant certifies that the information provided on this application and accompanying documents is true and correct.		
	The applicant certifies that, if approved, the traffic control devices will be operated and maintained in compliance with PennDOT Publications 212 and 213, and the provisions of the temporary traffic control signal permit as issued by PennDOT.		
	The applicant agrees that it will indemnify, save harmless and defend (if requested) the Commonwealth of Pennsylvania, its agents, representatives and employees, from all suits, actions or claims of any character, name or description, damages, judgments, expenses, attorneys' fees and compensation arising out of personal injury, death or property damage, sustained or alleged to have been sustained in whole or in part by any and all persons whatsoever as a result of or arising out of any act, omission, neglect or misconduct of the applicant, its officers, agents, contractors or employees, during the period of temporary traffic control signal usage.		
	The applicant certifies under penalty of law that this document and all attachments were prepared under your direction or supervision and the information submitted is, to the best of applicant's knowledge and belief, true, accurate, and complete. The applicant is aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		
	_____	_____	
	Signature of Applicant	Date	

F	PennDOT Acknowledgement
This application is Select One <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected Application was rejected because:	

If rejected, please correct immediately and submit to PennDOT. Temporary traffic control device usage cannot begin without prior approval.