

WORK AREA TRAFFIC CONTROL PLAN APPROVAL FORM

For Traff	ic Operations Office Use	Only:
Case #		
Fee:	\$35	NC
Arterial \$10 Daily # of Days		\$
Collector	\$5 Dailv # of Davs	Ś

Total Fee

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Deadline: Submit to Traffic Operations office by 12:00 noon (10:00 a.m. on Friday) a minimum of two (2) workdays prior to requested start date. Requests received after these times will be processed as a submittal for the following day.

Major/full closures on collectors/arterials require longer notice (a full week or more). Contact Traffic Operations to determine deadline.

То

Location				
Project Name				Project Type: New Existing
Plan Submittal Date				* For Existing Projects:
Moving Operation? Yes	No			New Plan
Full Street Closure	Directional Closure]		Date Extension Date Change
Lane Closure A	Alley Closure Sid	lewalk		* Prior WATC Case #
Type of Work				case # or plan will be processed as a new plan
Requested Dates of Work	From:		to	
Requested Time(s)	Only From:	AM	to	PM
Traffic Control Company N	lame			
TC Contact Person(s)	ST_be reachable during duration	of project, inclu	_Office / uding nights	Cell Phone and weekends and especially during working hours
TC C				
TC Company Address				
				ontact Number
Day Phone		Eme	rgency Co	
Day Phone		Eme	rgency Co	ontact Number
Day Phone Contractor (set-up for) Contact Name and Phone	Number	Eme	rgency Co	ontact Number
Day Phone	Number	Eme	rgency Co	ontact Number
Day Phone Contractor (set-up for) Contact Name and Phone	Number	Eme	rgency Co	ontact Number
Day Phone Contractor (set-up for) Contact Name and Phone e Completed by Traffic Op	Number perations Department: Approved with Chan	Eme	rgency Co	ontact Number
Day Phone Contractor (set-up for) Contact Name and Phone e Completed by Traffic Op Approved Approved Approved Dates of Work Approved Time(s)	Number perations Department: Approved with Chan From:	Eme	Revis	sions Required Denied Only
Day Phone Contractor (set-up for) Contact Name and Phone e Completed by Traffic Op Approved Approved Approved Dates of Work	Number	nges m. / p.m.	Revis to to to set up a	sions Required Denied Only
Day Phone Contractor (set-up for) Contact Name and Phone e Completed by Traffic Op Approved Approved Approved Dates of Work Approved Time(s)	Number perations Department: Approved with Chan From:	nges Eme m. / p.m. l-6630 prior t letter be sen	Revis to to set up a t to Reside	sions Required Denied Only a.m. / p.m. Only and before take-down eachday ents/Businesses, and to FCWATC@fcgov.com
Day Phone Contractor (set-up for) Contact Name and Phone e Completed by Traffic Op Approved Approved Approved Dates of Work Approved Time(s)	Number	mges m. / p.m. L-6630 prior t letter be sen us Stop # vices must be	Revis to to set up a t to Reside contacted	sions Required Denied Only and before take-down eachday ents/Businesses, and to FCWATC@fcgov.com