



WORK AREA TRAFFIC CONTROL PLAN APPROVAL FORM

For Traffic Operations Office Use only:

Case # _____

Fee: \$35 _____ \$10 _____ NC _____

To be completed by Traffic Control Companies, City Departments, and Private Sector:

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

Location _____

Project Name _____ New Project _____ Existing Project _____

Plan Submittal Date _____ - _____ - _____ New Plan _____ * Resubmittal _____

* Date Extension _____ * Date Change _____

Prior WATC Case # _____ *resubmittals, date extensions and date changes must have most recent case # or plan will be processed as a new plan

Moving Operation? Yes / No

Full Street Closure Directional Closure (N S E W) Lane Closure Alley Closure Sidewalk

Type of Construction / Work _____

Requested Date(s) of Work From: _____ - _____ - _____ to _____ - _____ - _____ Only

Requested Time(s) From: _____ a.m. / p.m. to _____ a.m. / p.m. Only

Traffic Control Company Name _____

TC Contact Person (s) _____ Office / Cell Phone _____

TC Company Address _____

Day Phone _____ Evening Phone _____

Contractor (set-up for) _____

Contact Name & Phone # _____

COFC Engineering Excavation Permit # _____

To be completed by Traffic Operations Department:

Approved _____	Revisions Required _____	Denied _____
Reason for Denial: _____		
Date(s) Approved From _____ - _____ - _____ to _____ - _____ - _____ Only		
Time(s) approved from _____ a.m. p.m. to _____ a.m. p.m. Only		
Comments: _____		
Require that a notification letter be sent to Residents / Businesses?		Yes <input type="checkbox"/> No <input type="checkbox"/>
(If letter is required, a copy must be attached with traffic control plan.)		
Approved By: _____	Date _____ - _____ - _____	
	Press Release <input type="checkbox"/>	FC Trip <input type="checkbox"/>