



# REQUEST FOR APPROVAL OF TRAFFIC CONTROL PLAN

To: Director of Maintenance One Call Confirmation Number: \_\_\_\_\_

County: \_\_\_\_\_ Highway: \_\_\_\_\_ Direction: \_\_\_\_\_ RMC/Permit \_\_\_\_\_

Limits: \_\_\_\_\_

1. State Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
End Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

2. Nature of Work: \_\_\_\_\_  
\_\_\_\_\_

3. Has work been coordinated with any other work in the area?  Yes  No  None

4. Individual in charge of site:  
Company Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
(Note: Number must be answered by a person at all times.)  
Fax Number: \_\_\_\_\_

5. Number of Lanes of Facility (in direction of TCP closure) 1  2  3  4  5  6  Other  (check one)

6. Which lane(s) Closed 1  2  3  4  5  6  All  Other

7. Will any ramps require closure? Yes  NO  If so, identify.  
Entrances: \_\_\_\_\_ Exits: \_\_\_\_\_

8. Describe traffic Management Procedure to be used or attach proposed Traffic Control Plan:  
\_\_\_\_\_  
\_\_\_\_\_

9. Portable message signs recommended? Yes  No   
If yes, how many days in advance of this TCP should sign be placed? \_\_\_\_\_

10. Is police assistance requested by:  Contractor  Your Construction Office  Other? \_\_\_\_\_  
If so, how many? \_\_\_\_\_  
Where and how will police be used? \_\_\_\_\_

11. Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Company

TRAFFIC CONTROL PLAN APPROVED

\_\_\_\_\_  
Area Engineer Date

Copy to:  
 Public Affairs Officer \_\_\_\_\_  
Date  
 Traffic Management for Police Assistance