Texas Department of Transportation

REQUEST FOR APPROVAL OF TRAFFIC CONTROL PLAN

One Call Confirmation Number:

To: Director of Maintenance

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