



TEMPORARY TRAFFIC CONTROL APPLICATION

Public Works / Community Development
919 Palm Street, San Luis Obispo, CA 93401

T 805.781.7015
F 805.783.7751

ALL FIELDS MUST BE COMPLETED FOR APPROVAL

General Info:

Project Location: _____
Description of Work: _____
Agency / Company: _____
Contact Person: _____ Phone: _____

Check One

- Permit Project..... City Inspector: _____
- Capital Improvement Project..... City Inspector/Spec. No. _____
- Special Event Street Closure..... City Event Supervisor: _____

Schedule:

Requested Schedule (*Dates & Hours*): Dates _____ Hours: (From) _____ (To) _____
Number of Days Required to complete work (list for each location): _____
Night Work Requests (7pm – 7am) must receive night work permit from Community Development Department.
Night work application: Date Submitted _____ Date Approved _____ Permit Number _____

Traffic Control:

All temporary traffic control shall be per the most current version of the California Manual on Uniform Traffic Control Devices (MUTCD), City of San Luis Obispo Engineering Standards & Specifications (Engr. Std. Appendix G), and CalTrans Standard Plans & Specifications.

Work Zone / Event Closure Area:

STREET: _____
FROM: _____ (Dist. Ft.) _____ (Direction N,S,E,W) Of _____ (Street)
TO: _____ (Dist. Ft.) _____ (Direction N,S,E,W) Of _____ (Street)
Work Zone Description _____

Work affects City Transit Stop or Route. Yes No Transit Division approved work: Yes No Date: _____
If yes, contractor must advise Transit Division 7 days prior to work. Contact SLO Transit at 781-7531 _____ (City Staff Name)

Work requires closure of parking lane or parking meters Yes No Parking Division approved work: Yes No Date: _____
If yes, contractor must receive approval from Parking Division 7 days prior to work. Contact Parking Division at 781-7230.

Work requires traffic control to be set up on Caltrans Right of Way. Yes No . If yes, attach copy of permit. Permit No. _____

CHOOSE ONE

- SLO City Engineering Standard Appendix G. *Check applicable standards AND indicate location of work zone on applicable standard.***
- Fig. A Fig. B Fig. C Fig. D Fig. E Fig. F Fig. G
- Fig. H Fig. I Fig. J Fig. K Fig. L Fig. M Fig. N
- Fig. O Fig. P

- Custom Traffic Control Plan (TCP) Required and Attached.**
- Traffic Control Plan Requirements for each phase of work:
 - Accurate Depiction of Street (St. Names, Striping, Traffic Signals, Stop Signs, etc...)
 - Depiction of work zone area (Approx. Dimension)
 - Depiction of temporary delineation & signing (Taper Lengths Dimensioned)

| | |
|------------------------|-------------|
| OFFICE USE ONLY | |
| Rec. By: _____ | Date: _____ |
| App. By: _____ | Date: _____ |

Traffic control plans should be submitted to the City Inspector assigned to your job; if the work is by permit then the plan should be submitted along with the encroachment permit. Please refer to the links below for typical applications, sign codes, use of flashing arrow panels, and taper lengths.

CA MUTCD: http://www.dot.ca.gov/hq/traffops/signtech/mutcdsupp/ca_mutcd2012.htm SLO City Std. Plans: <http://www.slocity.org/publicworks/stds/appx-g.pdf>

Accepted Accepted With Comments See Additional Comments on TCP _____

Denied (By: _____ Date _____) ***Resubmittals shall include original application and traffic control plan with City comments***