



## Temporary Traffic Control Permit

A Temporary Traffic Control Plan shall be submitted to the Department of Public Works and Transportation and approved prior to any construction in the City's right-of-way within the City of Arlington. ***This application and attachments must be emailed to the Public Works & Transportation email at [publicworks@arlingtontx.gov](mailto:publicworks@arlingtontx.gov).*** Work in the State of Texas' right-of-way must be submitted to TXDOT for approval prior to City approval. For more information about the State's right-of-way call 817-370-6542. **Please allow at least three (3) business days for review.**

### Temporary Traffic Control Plan Checklist

1. Work area location map with nearest major intersection(s), including:
  - Work area defined.
  - North Arrow.
  - Streets identified by name, number of lanes, median or left turn center lane, sidewalks, ditches and bridges, as appropriate.
  - Indicate location of Flagman, if required.

\*Note for Contractor to comply with the latest edition of the Texas Manual on Uniform Traffic Control Devices (TMUTCD)  
\*Note of \$500/day fine for failure to comply.
2. Drawings on one of the following standard sheet sizes.  
8 1/2 x 11" or 11"x17"
3. Drawings to be straight with legible printing.
4. Use standard Temporary Traffic Control designations per - part 6 of the TMUTCD.

## Temporary Traffic Control Permit Application

Project Name: \_\_\_\_\_

Description of Work to Be Performed: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

24-Hour Contact Name: \_\_\_\_\_ 24-Hour Phone Number: \_\_\_\_\_

Street(s) Barricades installed on: \_\_\_\_\_

Limits From: \_\_\_\_\_ to \_\_\_\_\_

Date(s) Barricades Installed: \_\_\_\_\_ Date(s) Barricades Removed: \_\_\_\_\_

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For office use only:

Approved

Disapproved

Signature \_\_\_\_\_

Date \_\_\_\_\_

TCP Number: \_\_\_\_\_

### Please provide Contractor's email for processing:

1<sup>st</sup> email \_\_\_\_\_

2<sup>nd</sup> email \_\_\_\_\_