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 must be submitted to the Public Works & Transportation front desk at 101 W. Abram St, 2nd Floor, Arlington, Texas 76010.** 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 ½ 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: __________

For office use only:

☐ Approved  ☐ Disapproved

Signature ________________________________

Date ______________________ TCP Number: __________

Please provide Contractor’s email for processing:

1st email _________________________________________________________________

2nd email _______________________________________________________________