



Development Services  
 Department  
 90 E. Civic Center Dr.  
 Gilbert, AZ 85296  
 (480) 503-6700-Phone  
[www.gilbertaz.gov](http://www.gilbertaz.gov)  
[traffic.workzones@gilbertaz.gov](mailto:traffic.workzones@gilbertaz.gov)

## Application for Traffic Engineering Permit

Permit Number TRF-\_\_\_\_\_

Engineering Permit Number ENG\_\_\_\_\_

Project Name/Subdivision \_\_\_\_\_

Address \_\_\_\_\_

Crossroads \_\_\_\_\_ (On) \_\_\_\_\_ (Between) \_\_\_\_\_ and \_\_\_\_\_

Owner (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_  
 (Address) \_\_\_\_\_

Contractor Performing Work (Name) \_\_\_\_\_  
 (Address) \_\_\_\_\_

Contact Name \_\_\_\_\_  
 (Person responsible to pick up approved permit)

Email \_\_\_\_\_ Phone \_\_\_\_\_

Type of Project(s) **\*Work On/Near a Roadway Requires Traffic Engineering Permit\***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Traffic Striping | <input type="checkbox"/> Traffic Signal | <input type="checkbox"/> Traffic Calming Device      |
| <input type="checkbox"/> Traffic Signing  | <input type="checkbox"/> Oversize Load  | <input type="checkbox"/> Traffic Signal Interconnect |
| *Need Range Numbers? Yes or No            | <input type="checkbox"/> Haul Route     | <input type="checkbox"/> Traffic Control/Work Zone   |

Description of work \_\_\_\_\_

Permit will not be issued until a signed application and fees have been collected.

\*\*\*\*I REQUEST THAT GILBERT PERFORM ALL NECESSARY INSPECTIONS RELATED TO GRANTING THIS PERMIT\*\*\*\*  
 \*\*\*\*I HAVE READ AND UNDERSTAND THE REQUIREMENTS ASSOCIATED WITH THIS PERMIT \*\*\*\*  
 \*\*\*\*I HAVE ATTACHED THE REQUIRED CERTIFICATE OF INSURANCE.\*\*\*\*

**In order to provide excellent service to the Town of Gilbert's customers, each submittal shall meet the minimum requirements as listed on this form, or your submittal will not be accepted by the Development Services Department staff.**

Customer/Authorized Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TOWN USE ONLY

Inspector \_\_\_\_\_

Approved By \_\_\_\_\_

Permit Fees \$ \_\_\_\_\_



# Request for ROAD CLOSURE

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Request for Road Closure must be submitted at least 20 calendar days prior to the proposed Road Closure. Information signs must be posted ten (10) days in advance of the closure date.

The contractor shall be responsible for managing the road closure at all times (rain or shine).

**1. Location:**

Street Name: \_\_\_\_\_

Between: \_\_\_\_\_ and \_\_\_\_\_

**2. Reason for Closure:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Contractor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**4. Related Project:** \_\_\_\_\_

**5. Requested Dates of Closure:**

a. Beginning date \_\_\_\_\_ Ending Date \_\_\_\_\_

**6. Type of Setup Requested:**

- Full-time setup (24 hours per day)
- Daytime only from: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- Nighttime only from: \_\_\_\_\_ p.m. to \_\_\_\_\_ a.m.

**7. TRAFFIC CONTROL PLAN MUST BE ATTACHED TO THIS APPLICATION.**

- A 14' Through Access Lane for Emergency Vehicles shall be maintained at all times. (Unless otherwise approved by the Traffic Engineer)

**8. Certificate of Insurance must be attached to this application.**

**This section to be completed by Town staff:**

Date Request received: \_\_\_\_\_

Dates of closure approved by Traffic Engineering Section:

1. Beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Type of Setup Approved:

Full-time setup (24 hours per day)

Daytime only from: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Nighttime only from: \_\_\_\_\_ p.m. to \_\_\_\_\_ a.m.

Emergency Access Maintained  Yes  No

**Approved by Traffic Engineering:**

\_\_\_\_\_ Date: \_\_\_\_\_

**The Applicant is responsible for gathering the following signatures:**

**(Do not obtain Signatures prior to Approval of Traffic Control Permit Application)**

**Gilbert Public Schools Transportation Director**

140 S. Gilbert Rd (if affected)

**Chandler Unified School District Transportation Director**

200 S. Hamilton St, Chandler (if affected)

**Higley Unified School District Transportation Director**

2140 S. Higley Rd, Gilbert (if affected)

**Private and Charter Schools Administration**

(in affected area)

**U.S. Post Office**

Affected Area Branch Manager

**Gilbert Fire Marshall**

85 E Civic Center Dr

**Gilbert Chief of Police**

75 E Civic Center Dr

**Valley Metro EV RPTA**

[MWallick@valleymetro.org](mailto:MWallick@valleymetro.org) ph# 480-287-5987