



Application for
Traffic Engineering Permit

Development Services
Department
90 E. Civic Center Dr.
Gilbert, AZ 85296
(480) 503-6700-Phone
www.gilbertaz.gov

Permit Number TRESKOM-2020-

Engineering Permit Number

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*

- Traffic Striping Traffic Signal Traffic Calming Device
Traffic Signing Oversize Load Traffic Signal Interconnect
*Need Range Numbers? Yes or No Haul Route 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 \$



Application for Traffic Control Plan

**Development Services
Department**
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NEW APPLICATION REVISED APPLICATION REVISED TRAFFIC CONTROL PLAN

TRESCOM-2020 _____

Contractor Information	
Company Name _____	
Phone #: _____	
Contact Person: _____	Phone #: _____
Foreman: _____	Cellular #: _____

Barricade Company Information	Name: _____
Phone #: _____	_____
TCP Prepared By: _____	Contact #: _____

Location Information	On Road: _____
At/From: _____	To: _____
Estimated Start Date: _____	Estimated End Date: _____
Hours of Operation:	
<input type="checkbox"/> 24-Hour	<input type="checkbox"/> Non-Peak 8:30am-3:30PM
<input type="checkbox"/> Nighttime	<input type="checkbox"/> Other

******ATTACH TRAFFIC CONTROL PLAN******

Approval Information	Gilbert Police Officer Required
<input type="checkbox"/> Approved as Submitted	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Approved W/Changes Noted	
<input type="checkbox"/> Denied	
	_____ <i>Traffic Engineering signature</i>

Reviewed By Tad Fagerholm 480-226-6466 Scott Hamlin 480-815-4491 John Morgan 480-503-6847

Signature of Town Official Reviewing Traffic Control Plan

Date

Approval of this plan is based upon the information obtained at the time of the submittal. Approval of this TCP does not relieve the contractor of their responsibility to maintain the work zone/jobsite in a safe manner. At the end of each work day, the contractor shall ensure that all excavation is properly marked and protected, and that all traffic control devices that are no longer needed are removed from the Town's right-of-way.

DO NOT WRITE BELOW THIS LINE

Permit Number:	
Comments:	



Application for
Haul Route Permit

Development Services
Department
90 E. Civic Center Dr.
Gilbert, AZ 85296
(480) 503-6700-Phone
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This form must be completed, signed and returned with the required attachments.

- All hauls will require a pre-construction meeting. Any additional requirements will be discussed at this time. (Public notification, police officers, sidewalk sweeping, truck wash racks, etc).
A water truck and "street legal" sweeper are required at both import and export sites during hauling hours.
A stabilized construction entrance and exit will be required per Maricopa Air Pollution Control Regulations.
All trucks must be covered with a tarpaulin per Maricopa Air Pollution Control Regulations.
Hauls will only be allowed between the hours of 8:30am and 3:30pm Monday thru Friday with the exception of Town observed holidays.
Haul routes shall avoid any streets that have active and ongoing work zones.

Contact Name: _____

24-hour contact phone number: _____

Total quantity of material to be hauled: _____

Number of trucks used in haul: _____

Estimated cycle time of trucks: _____

Proposed method of dirt and dust control: _____

Source of water supply: _____

Approved grading permit number: _____

- Attach a copy of the Approved Maricopa County dust control permit.
Attach a computer-generated map of route with excavation and embankment sites depicted. All streets must be identified by name.

I, the undersigned, understand and agree that any deviation from the approved haul route and/or the traffic control plan will void all permit(s). I also understand that I am always to provide a copy of the approved haul route plan to each driver to keep in their vehicle.

Signature of Contractor Representative Date

Signature of Town Inspection Representative Date