



Application for Traffic Engineering Permit

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

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***

- Traffic Striping
 - Traffic Signaling
 - Traffic Signal
 - Traffic Signal Interconnect
 - Traffic Calming Device
- *Need Range Numbers? Yes or No

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 \$ _____