

CITY OF PHOENIX TRACS APPLICATION



Information					
Previous Tracs number: _____ Start Date: _____ End Date: _____ What street is the restriction on: _____ From Street: _____ To Street: _____ Exact Address or Intersection: _____					
Inspector/City Contact			Ph:	Email:	
City Dpt. / Section:			Section:		
Permittee Info:		Perm. Name:	Ph:	Email:	
Comp Performing Work:		Site Contact:	Ph:	Email:	
Cert. Traffic Ctrl Comp:		Take Down if different:			
COP- Project Numbers CIP: ST/WS/PDD/SAP/WBS:		Blanket Permit:			
Work Type for this Project required: _____					
Police (will Police be onsite for this project): <input type="checkbox"/> Yes <input type="checkbox"/> No Speed Reduction (will there be a Speed Reduction) <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency access maintained (if street completely closed can Emergency Vehicle get thru) <input type="checkbox"/> Yes <input type="checkbox"/> No Traffic Signals operations/timing need to be modified(phxtmc@phoenix.gov) <input type="checkbox"/> Yes <input type="checkbox"/> No Is Restriction on/near Light Rail track (contact LRT@ 602-652-5162) <input type="checkbox"/> Yes <input type="checkbox"/> No Hotline Number (if available): _____ Ph: _____					
Hours of Restriction? Monday – Friday			M-F Hours:		
Hours of Restriction? Nights*			Night Hours:		
Hours of Restriction? Weekends			Weekend Hours:		
24-Hour Restriction:			Set up & Take Down Hours:		
Street and Bike Lanes Bike Lane Restricted: <input type="checkbox"/> Yes <input type="checkbox"/> No Which Direction Select: _____					
Lanes Restricted (SELECT):	NB:	SB:	EB:	WB:	2WYLFT:
	NB TLane:	SB TLane:	EB TLane:	WB TLane:	
Lanes Maintained (SELECT):	NB Maint:	SB Maint:	EB Maint:	WB Maint:	
Street Details/Misc. Info: Misc. Info. Enter					
Additional Info: Additional Info. Enter					
Bus Bay Relocation (contact Transit 602-534-6284): Additional Info. Enter					
Sidewalk: 24-Hour Sidewalk Restriction: <input type="checkbox"/> Yes <input type="checkbox"/> No Side of Street Sidewalk is restricted: _____ N E S W Select					
Pedestrian Access maintained on same side of street with 36" ADA accessible path on all pedestrian walkways:				<input type="checkbox"/> In Street <input type="checkbox"/> Out of Street <input type="checkbox"/> Using Spotter	
Pedestrian Access Closed		<input type="checkbox"/> Closed	Additional SW Information:		
Crosswalk Restricted:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Side:	North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/>	
Meters Meter Hooding Date: _____ Meter Hooding Time: _____ 6:00am <input type="checkbox"/> 2:00pm Meter Unhooding Date: _____ Meter Unhooding Time: _____ 6:00am <input type="checkbox"/> 2:00pm Meter Number/Hood Color: Yellow Enter Numbers: Meter Number/Hood Color: Red Enter Numbers:					
*Night time work must to be reviewed by field inspector and a night time permit may be required before scheduling work.					