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| --- |
| Information |
| **Previous Tracs number:** |  |
| Start Date: | Click or tap to enter a date. |
| End Date: | Click or tap to enter a date. |
| What street is the restriction on: | Enter text. |
| From Street: | Enter text. |
| To Street: | Enter text. |
| Exact Address or Intersection: | Enter text. |
| **Foreman/Inspector/City Contact** | Foreman/Inspector | City Contact | Phone | Email |
| City Department and Section: City Department | Section |
| Permittee Company/ Name/ Phone #: Enter Company | Name | Phone Number |
| Company Performing Work & Onsite Contact, Phone #: Enter Company | Name  | Phone Number |
| Certified Traffic Control Company Name: Enter Company | Take Down **if different:** Enter Company |
| COP- Project Numbers CIP: ST/WS/PDD/SAP/WBS: Enter Number | Blanket Permit: Permit Number |
| **Police (will Police be onsite for this project):** | [ ]  Yes [ ]  No |
| Speed Reduction (will there be a Speed Reduction) | [ ]  Yes [ ]  No |
| Emergency access maintained (if street completely closed can Emergency Vehicle get thru) | [ ]  Yes [ ]  No |
| Traffic Signals operations/timing need to be modified(**phxtmc@phoenix.gov**) | [ ]  Yes [ ]  No |
| Is Restriction on/near Light Rail track (***contact LRT@******602-652-5060***) | [ ]  Yes [ ]  No |
| *Hotline Number* | Enter Number |
| **Work Type for this Project:**  | Choose an item.  | Add Work Type. Enter |
| Hours of Restriction? Monday - Friday | Enter M-F Hours. |
| Hours of Restriction? Weekends | Enter Weekend Hours. |
| Hours of Restriction? Nights\* | Enter Night Hours. |
| Street and Bike Lanes |
| ***24 Hour Street Restriction*** | [ ]  Yes [ ]  No |
| **Lanes Restricted**: | NB Select | SB Select | EB Select | WB Select | 2WYLFT Select |
|  | NB TLane Select | SB TLane Select | EB TLane Select | WB TLane Select |
| **Lanes Maintained:**  | NB Maint. Select | SB Maint. Select | EB Maint. Select | WB Maint. Select |
| Street Details/Misc. Info: Misc. Info. Enter |
| Additional Info: Additional Info. Enter |
| Bike Lane Restricted: [ ]  Yes [ ]  No | Which Direction Select |
| Bus Bay Relocation (***contact Transit 602-495-7007***): Explain  |
| Sidewalk: |
| **24 Hour Sidewalk Restriction:** | [ ]  Yes [ ]  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: | [ ]  In Street [ ]  Out of Street [ ]  Using Spotter |
| Pedestrian Access Closed  | [ ]  Closed |  SW Details Select |  Additional Info. Enter |
| Crosswalk Restricted: [ ]  Yes [ ]  No ***Which Side:*** | North [ ]  East [ ]  South [ ]  West [ ]  |
| Meters |
| **What is the reservation for Parking Meters for? (no personal vehicle Parking)** | What is the reservation for: Explain |
| Meter Hooding Date: | Enter a date |
| Meter Hooding Time: | [ ]  6:00am [ ]  2:00pm  |
| Meter Unhooding Date: | Enter a date. |
| Meter Unhooding Time: | [ ]  6:00am [ ]  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.* |