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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.* | | | | | | | | | | | | | | | | | | | | | | |