

**CITY OF RENTON
TRANSPORTATION SYSTEMS-TRAFFIC OPERATIONS
TRAFFIC CONTROL PLAN**

CONSTRUCTION COMPANY: _____ APPL. DATE: _____
 ADDRESS: _____ PERMIT #: _____
 _____ PHONE #: () _____
 CONSTRUCTION SUPERINTENDENT: _____ MOB./CEL. #: () _____
 PROJECT NAME: _____ FAX #: () _____
 PROJECT LOCATION: _____ N/E/S/W OF: _____
 WORK TIME: _____ APPROVED BY: _____
 WORK DATE: _____ APPROVAL DATE: _____

- NOTES: 1) WORK ZONE TRAFFIC CONTROL SHALL BE IN ACCORDANCE WITH MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES (MUTCD).
 2) CALL 911 (USING A LOCAL PHONE) OR 253-852-2121 (USING A CELL PHONE), FIRE, AND POLICE DEPARTMENTS BEFORE ANY CLOSURE WITHIN PUBLIC RIGHT OF WAY.
 3) CALL METRO TRANSIT CONTROL CENTER AT (206) 684-2732 AT LEAST TWENTY-FOUR (24) HOURS BEFORE ANY STREET OR LANE CLOSURE AND 30 MINUTES BEFORE THE ACTUAL CLOSURE.
 4) THIS PLAN MUST BE SUBMITTED AT LEAST THREE (3) WORKING DAYS PRIOR TO WORK.
 5) APPROVED TRAFFIC CONTROL PLAN MUST BE AT THE WORK SITE DURING WORK HOURS.
 6) ANY VEHICLE AND/OR EQUIPMENT TO BE USED FOR WORK WITHIN THE CITY RIGHT OF WAY MUST DISPLAY A COMPANY LOGO (ANY LEGALLY ACCEPTABLE SIGN SHOWING A COMPANY NAME, ADDRESS, AND TELEPHONE NUMBER) AT A CONSPICUOUS PLACE ON THE VEHICLE OR EQUIPMENT.

COMMENTS: _____

SKETCH



I have been informed of my responsibilities for traffic control and agree to comply with all traffic regulations of the City of Renton.

SIGNATURE: _____ DATE: _____

OFFICE COPY	T-
CONTRACTOR	
DEV. SERVICE, INSPECTION	K. KITTRICK/
DEV. SERVICE, PLAN REVIEW	
POLICE	KATIE McCUNNY/CLARK WILCOX
FIRE	DAVID VARGAS/STA. #11

I, _____, representing _____ agree to comply with all traffic regulations of the City of Renton. I shall prepare a traffic control plan and obtain City approval of that plan. That plan shall be implemented for all street and lane closures, and the plan shall be performed in compliance with the *Manual on Uniform Traffic Control Devices*. I shall notify emergency services twenty-four (24) hours before any street or lane closures. I understand any lane or street closures not in conformance with the approved traffic control plan and/or without notification of emergency services may result in my receiving a citation for violation of R.C.W. 47.36.200 through 47.36.220, 9A.36.050 Reckless Endangerment, and other applicable State and City codes.

I certify I am responsible for the project and the responsible party to be cited for violation of R.C.W. 47.36.200 through 47.36.220 or 9A.36.050 Reckless Endangerment, and other applicable State and City codes.

NAME: _____

D.O.B. _____ SS#: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

COLOR EYES: _____ WEIGHT: _____ HEIGHT: _____ COLOR HAIR: _____

WASHINGTON STATE DRIVERS LICENSE NUMBER: _____