



Traffic Signal Permit

Check Appropriate Box: Permit Application (Complete Parts A and B)
 Report of Change (Complete Parts A, E, and F)
 Report of Installation (Complete Parts A, D, and F)

F	Permit No. To be Assigned by Headquarters
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A	Applying or Reporting Agency	State Route	Milepost	Control Section	WSDOT Region	70% Rule By <input type="checkbox"/> Speed <input type="checkbox"/> Population			
		Location / Cross Street			County	City	City Population		
		Signal Type - Check Appropriate Boxes <input type="checkbox"/> Conventional <input type="checkbox"/> Intersection Control Beacon <input type="checkbox"/> Ramp Meter <input type="checkbox"/> School <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Moveable Bridges <input type="checkbox"/> Reverse Lane <input type="checkbox"/> Temporary							
B	Applying Agency - Application information	Agency			Applicant Name		Date		
		Address			City	State	Zip Code		
		Warrant Checklist				Hours Met			
		<input type="checkbox"/> 1. Eight-Hour Vehicular Volume <input type="checkbox"/> 2. Four-Hour Vehicular Volume <input type="checkbox"/> 3. Peak Hour <input type="checkbox"/> 4. Pedestrian Volume <input type="checkbox"/> 5. School Crossing				<input type="checkbox"/> 6. Coordinated Signal System <input type="checkbox"/> 7. Crash Experience <input type="checkbox"/> 8. Roadway Network <input type="checkbox"/> 9. Non-MUTCD Warrant <input type="checkbox"/> 10. Other _____			
Support Data Checklist - Check appropriate boxes and describe the problem being addressed by this installation <input type="checkbox"/> Vehicular Volume Counts <input type="checkbox"/> Intersection Sketch <input type="checkbox"/> Projected Volumes <input type="checkbox"/> Speed Study <input type="checkbox"/> Other <input type="checkbox"/> Pedestrian Volume Counts <input type="checkbox"/> Warrant Analysis <input type="checkbox"/> Gap Study <input type="checkbox"/> Accident Study									
Problem Statement									
C	Region Authorization	Under authority of RCW 46.61.085, the above described installation is authorized.							
		<input type="checkbox"/> Signature - Region Administrator			_____			Approval Date _____	
<input type="checkbox"/> Signature - Delegated to: _____									
Conditions of Permit									
D	Operating Agency	Report of Installation (Fill in Agreement Number if Owning Agency does not operate and/or maintain the signal)							
		Turn-On Date		Agency Owning Signal		Agency Operating Signal			
		Control Type <input type="checkbox"/> Cyclic <input type="checkbox"/> Flashing		Agency Maintaining Signal			Agreement Number		
E	Operating Agency	Report of Change (Report change in Type of Signal, Type of Control, or if signal was removed)							
		Signal Type Changed From _____ To _____					Date Changed _____		
		Control Type Changed From _____ To _____					Date Changed _____		
		Date Signal Removed		Reported By		Title		Date	