



DEPARTMENT OF PUBLIC WORKS – Return this application to:
 BUREAU OF ENGINEERING
 Address: 120 North Duke St. / P.O. Box 1599, Lancaster, PA 17608
 Phone: (717) 291-4764 / E-mail: Engineering@cityoflanasterpa.gov
 Webpage: www.CityofLancasterPA.gov/Engineering

TRAFFIC CONTROL PERMIT APPLICATION

***** THIS SECTION FOR CITY OF LANCASTER OFFICE USE ONLY *****

Permit Number: _____ Approval Date: _____
 Permit Expiration: 60 days unless noted Approved By: _____
 Other Notes: _____

ALL PERMIT HOLDERS ARE REQUIRED TO MAKE THE FOLLOWING NOTIFICATIONS AT LEAST
 24 HOURS PRIOR TO THE START OF WORK. FAILURE TO DO SO MAY RESULT
 IN REVOCATION OF PERMITS AND FIELD WORK BEING TERMINATED OR SUSPENDED.

Notify LCPD at (717) 735-3332 & (717) 735-3300 (Desk & Patrol Sergeants)	<input checked="" type="checkbox"/>	REQ'D
Notify LCFD at (717) 989-3647	<input checked="" type="checkbox"/>	REQ'D
Notify SDOL at (717) 291-6106	<input checked="" type="checkbox"/>	REQ'D
Notify Solid Waste & Recycling Dispatch at (717) 291-4744	<input checked="" type="checkbox"/>	REQ'D
Resident & Business Notification Required: letters/flyers/door hangers	<input checked="" type="checkbox"/>	REQ'D

THE FOLLOWING REQUIREMENTS WILL APPLY IF CHECKED:

Notify Public Works 24 hours in advance at (717) 291-4764 and (717) 291-4725	<input type="checkbox"/>
Parking Space Rental Required from LPA 48 hours in advance, (717) 299-0907	<input type="checkbox"/>
Traffic Control Consultant Required	<input type="checkbox"/>
Certified Flaggers Required	<input type="checkbox"/>
Notification of RRTA Required, (717) 397-5613	<input type="checkbox"/>
Notification of EMS/Emergency Facility Required	<input type="checkbox"/>
Notification of School District(s) and/or Bus Services Required	<input type="checkbox"/>
Variable Message Board Required with messages per City direction	<input type="checkbox"/>
Notification of PennDOT or Highway Occupancy Permit is required	<input type="checkbox"/>
Work Hours Restricted to: _____	<input type="checkbox"/>
Date Restrictions Apply: _____	<input type="checkbox"/>
Media Notification Required via Press Release	<input type="checkbox"/>
Public/Neighborhood Meeting Required	<input type="checkbox"/>
Applicant responsible for roadway and/or sidewalk snow removal	<input type="checkbox"/>
Applicant to submit road, sidewalk, and property photos prior to work	<input type="checkbox"/>
Coordination required: _____	<input type="checkbox"/>

****ALL ITEMS LISTED BELOW ARE REQUIRED****

THIS APPLICATION MUST INCLUDE A TRAFFIC CONTROL DIAGRAM OR LABELED SKETCH

Applicant (Company): _____

Applicant (Representative Name) _____

Applicant Mailing Address: _____

Representative Phone Number: _____

Representative Email Address: _____

Email Address/Fax to Return _____

Permit: Date(s) of Proposed Work _____

Hours of Proposed Work: _____

Description of Work:
(Brief Narrative) _____

Location of Work (nearest address): _____

Nearest Intersections:
(nearest road names) _____

Name of On-site Supervisor: _____

On-site Supervisor Cell #: _____

Applicant Comments:
(optional) _____
