

# TEMPORARY TRAFFIC CONTROL WORK ZONES REVIEW FORM

CITY OF GREELEY / DEPARTMENT OF PUBLIC WORKS

1001 9TH AVE GREELEY, CO 80631

Office – (970)-336-4091

Cellular – (970)-539-6213

Fax – (970)-336-4142

Fax or return to the Transportation Services Division Office for Review.



BY SIGNING THIS DOCUMENT YOU WILL ASSUME ALL RESPONSIBILITY FOR SETTING UP THE TEMPORARY TRAFFIC CONTROL WORK ZONE BY MEETING OR EXCEEDING SET STANDARDS AND FOLLOWING THE M.U.T.C.D. MANUAL REQUIREMENTS, ALONG WITH THE STATE, FEDERAL, AND CITY OF GREELEY SPECIFICATIONS AND REGULATIONS.

I have been offered a copy of this form and I have been advised to read it carefully.

Full Road Closures with complete Detour Routes will require a five (5) working day advance notice to have Method of Handling Traffic Plans reviewed. A 72 hour notice is strongly recommended prior to construction. This form and the (MHT) Plan SHALL be on the job site at all times.

In consideration of the acceptance of my entry, I do hereby acknowledge that I assume all risks and liability resulting from the Temporary Traffic Control Setup. That I have acquired all permits, licenses, and fees required by the City of Greeley, and submitted a Method of Handling Traffic Control (MHT) along with this form.

I acknowledge that I have carefully read this "Temporary Traffic Control Review Form" and fully understand that I am (trained and/or certified) about the fundamental principles of TTC and responsible for the proper temporary traffic control setup and maintenance thru-out the duration ON the jobsite.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Description of Work: \_\_\_\_\_ City Permit No. \_\_\_\_\_

Project Location and/or Street Address: \_\_\_\_\_

Does job require: (Please Circle Appropriate One(s)) ROAD CLOSURE LANE CLOSURE SHOULDER CLOSURE SIDEWALK CLOSURE

OTHER \_\_\_\_\_

Work Schedule: Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_ Requested Time(s) From: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

CONTRACTOR / SUBCONTRACTOR / CITY DEPT PERFORMING WORK

TRAFFIC CONTROL COMPANY USED

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Work Site Contact: \_\_\_\_\_

Work Site Contact: \_\_\_\_\_

Temporary Traffic Control Supervisor (TCS) Responsible for Job Site:

Temporary Traffic Control Supervisor (TCS) Responsible for Job Site:

TCS Contact Name \_\_\_\_\_

TCS Contact Name \_\_\_\_\_

### PLEASE CHECK APPROPRIATE BOX(S)

PRIVATE JOB  CIP  CITY MAINTANCE  OTHER  TRAFFIC CONTROL CO. DOING TRAFFIC CONTROL SETUP

CONTRACTOR / CITY DEPT. SETTING UP OWN TRAFFIC CONTROL  EQUIP. RENTAL ONLY FROM TRAFFIC CONTROL COMPANY

### OFFICE USE

COMMENTS: \_\_\_\_\_

MHT Accepted MHT Resubmittal For Extension Date(s) From \_\_\_\_\_ To \_\_\_\_\_

MHT Denied

REVIEWED BY: \_\_\_\_\_ Date: \_\_\_\_\_