



ENCROACHMENT PERMIT TRAFFIC CONTROL PLAN SUBMITTAL GUIDELINES

Traffic control plans must be submitted on the 11" x 17" template provided by the City of Menlo Park. This form may be downloaded from the City's website.

Show all dimensions of taper lengths, delineator or cone spacing, spacing of signs on the traffic control plan. **COPIES FROM A PLAN, CHART OR TABLE ARE NOT ACCEPTABLE.**

Traffic Control shall be provided in accordance with the latest edition of the "Manual of Uniform Traffic Control Devices for Construction and Maintenance Work Zones" issued by the State of California, Department of Transportation and as required herein.

Complete all information requested on the plan sheet; including the Foreman name, cell phone number, and a 24 hour emergency contact number. **DO NOT USE YOUR COMPANY'S GENERAL OFFICE NUMBER.**

Please allow 72 hours for processing. The encroachment permit applicant will be notified when the traffic control plan is approved and issued with the completed Encroachment Permit.

The following hours of work will be enforced:

- The City reserves the right to modify the working hours in any area it deems necessary.
- Standard Working Hours will be limited to **8:00 a.m. to 5:00 p.m**
- Work adjacent to or within fifteen hundred feet (1500') of any school while in session will be limited to **9:00 a.m. to 2:30 p.m.**

The following minimum requirements shall be shown on the Traffic Control Plan:

- North Arrow
- Existing roadway improvements including existing speed limit, street names, striping, medians, traffic signals, pavement legends and signage
- If reducing speed for construction zones use "**ROAD WORK SPEED LIMIT 25**" signs
- Show entire work area including area where advance warning signs are to be placed
- Show all proposed signs and sign numbers in a Legend

TRANSPORTATION CONTROL PLAN

Contractor is responsible for maintenance of traffic control per this plan approved plan. City of Menlo Park Assumes NO LIABILITY

Project Name: _____

Project Location: _____

City Inspector: _____

Purpose of Work: _____

(This traffic control plan is valid for this function only!)

Working Hours: 9:00 a.m. to 3:00 p.m.
(contractor must request working hour extension in writing to the Transportation Manager).

Duration of Work: From ____ To ____
(Contractor must request working days extension in writing to the Transportation Manager).

Initial Day - Inspection Confirmation Number: _____

Contractor Name: _____

Foreman Name: _____

Foreman Cell Number: _____

Emergency Number: _____

Contractor shall not start work **IN THE PUBLIC RIGHT-OF-WAY** until Traffic Control is set up per this approved plan. Please call (650) 330-6740 to notify of work being performed and request inspection and obtain confirmation number.

SPECIAL INSTRUCTIONS

Reviewed by _____ Date _____