



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 (Desk & Patrol Sergeants) ConstructionParking@lanasterpolice.com	<input checked="" type="checkbox"/>	REQ'D
Notify LCFD at (717) 989-3647 cdelong@cityoflanasterpa.gov	<input checked="" type="checkbox"/>	REQ'D
Notify SDOL at (717) 291-6106 mlshields@sdlanaster.org	<input checked="" type="checkbox"/>	REQ'D
Notify Solid Waste & Recycling Dispatch at (717) 291-4744 SWHotline@cityoflanasterpa.gov	<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"/>	
_____	<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)
