



TRAFFIC CONTROL PERMIT APPLICATION

Return this form and sketch to:
 City of Lancaster, Engineering Bureau
 120 North Duke Street, PO Box 1599
 Lancaster PA 17608-1599
 Fax: (717) 291-4772
 Phone: (717) 291-4764
 Email: engineering@cityoflanasterpa.com

Permit Revision Date: February 2018

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

Approval Date: _____ Permit Number: _____

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)	X	REQ'D
Notify LCFD at (717) 291-4866	X	REQ'D
Notify Solid Waste & Recycling Dispatch at (717) 291-4744	X	REQ'D
Resident & Business Notification Required: letters/flyers/door hangers	X	REQ'D

THE FOLLOWING REQUIREMENTS WILL APPLY IF CHECKED:

Notify Public Works 24 hours in advance at (717) 291-4777 and (717) 291-4839	
Parking Space Rental Required from LPA, (717) 299-0907	
Traffic Control Consultant Required	
Certified Flaggers Required	
Notification of RRTA Required, (717) 397-5613	
Notification of EMS/Emergency Facility Required	
Notification of School District(s) and/or Bus Services Required	
Variable Message Board Required with messages per City direction	
Notification of PennDOT or Highway Occupancy Permit is required	
Work Hours Restricted to: _____	
Date Restrictions Apply: _____	
Media Notification Required via Press Release	
Public/Neighborhood Meeting Required	
Applicant responsible for roadway and/or sidewalk snow removal	
Applicant to submit road, sidewalk, and property photos prior to work	
Coordination required: _____	

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 Phone: _____

Applicant Comments:
(optional)
