

**CITY OF GREELEY / DEPARTMENT OF PUBLIC WORKS**  
**TRAFFIC CONTROL PLAN REVIEW FORM**  
**1001 9<sup>TH</sup> AVE**  
**Office - (970) 336-4091**  
**Cellular – (970) 539-6213**  
**Fax – (970) 336-4142**

**INSTRUCTIONS:** complete Section One and attach a work area traffic control plan. Plans must comply with the MUTCD Standards. Fax or return to the Traffic Operations Division office for review. A 72-hour notice is strongly recommended prior to construction. This form and the Traffic Control Plan shall be on the job site at all times.

SECTION ONE

DATE SUBMITTED: \_\_\_\_\_ PROJECT: \_\_\_\_\_

LOCATION OF CONSTRUCTION  
WORK: \_\_\_\_\_

CONTRACTOR:  
\_\_\_\_\_

GENERAL AREA (BOUNDARIES) TO:  
\_\_\_\_\_

REQUESTED DATE (S) OF WORK FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OVERNIGHT SETUP: YES \_\_\_\_\_ NO \_\_\_\_\_

REQUESTED TIME (S) FROM: \_\_\_\_\_ A.M. / P.M. TO: \_\_\_\_\_ A.M. / P. M.

TO BE COMPLETED BY TRAFFIC CONTROL COMPANIE(S)

TRAFFIC CONTROL COMPANY NAME: \_\_\_\_\_

24HR CONTACT PERSON: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ FAX: \_\_\_\_\_

TO SET UP FOR: \_\_\_\_\_ ADDRESS \_\_\_\_\_

DATE REQUESTED \_\_\_\_/\_\_\_\_/\_\_\_\_

TO BE COMPLETED CITY DEPARTMENTS, CONTRACTOR, SUB-CONTRACTOR, CITIZEN:

CONTRACTOR / SUBCONTRACTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROJECT MANAGER \_\_\_\_\_ 24 HR \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_ FAX \_\_\_\_\_

SECTION TWO

TRAFFIC CONTROL HAS BEEN: ACCEPTED ( ) DENIED ( ) PUBLIC WORKS PERMIT # \_\_\_\_\_

BEGINNING / ENDING DATE (S) SETUP  
IS ACCEPTED FOR: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ ONLY

ACCEPTED FOR: FROM: \_\_\_\_\_ AM PM TO: \_\_\_\_\_ AM PM

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

REVIEWED BY:  
CITY OF GREELEY REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_