



LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT
**REVIEW OF PERMIT REQUEST FORM FOR INTERSECTION CONTROL DEVICES
 ON STATE RIGHT OF WAY**

DEVELOPER INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

DESIGNATED CONTACT INFORMATION (if different from above)

Name _____

Title _____

Phone _____ Fax _____

Email _____

**SELECT THE APPROPRIATE
 DEVICE(S):**

- New Traffic Signal (Red Light)
 Modification to existing Traffic Signal
 Intersection Control Flashing Beacon
 Pedestrian Signal
 Communications
 Other

Review the DOTD Traffic Signal Manual
 for details.

LOCATION INFORMATION OF THE DEVICE (One location per permit.)

Attach map with location identified along with approximate distance

City _____ Parish _____

TSI Number _____

State Route _____ (_____)

Minor Route/Street _____

Latitude _____ Longitude _____

ATTACH THE FOLLOWING:

1. Traffic studies and approvals for the specified location
2. Signed and stamped DOTD signal construction plans and the appropriate standard plans
3. Traffic control plan and any specifications

I certify that the information contained herein is true, complete, and correct to the best of my knowledge. I understand that if any information contained herein is found to be falsified, this request and any permit issued based on this information shall be voided.

Signature of Developer _____ Date _____

Return Completed Form to the District Permit Specialist at the DOTD District Office where subject property is located.

DEPARTMENT OF TRANSPORTATION & DEVELOPMENT USE ONLY

Date Request Received _____ Date Owner Contacted _____
(Owner should be contacted within 14 business days of date request is received.)
District _____ Request Processed By _____

District Personnel Review

Comments:

District Traffic Operations Engineer (Print & Initial) Date

Phone # _____ email: _____

Area Engineer (Print & Initial) Date

Phone # _____ email: _____

Date Traffic Engineering Management Section Received

Headquarters Personnel Review

Traffic Engineering Management Administrator (Print & Initial) Date

Phone # _____ email: _____

Notification of Receipt Sent to Developer by _____ **Date** _____
(with or without comments or resubmission instructions)

Denial Letter Sent to Developer by _____ **Date** _____