

City of Pearland, Texas Traffic Operations

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REQUEST FOR APPROVAL OF TRAFFIC CONTROL PLAN

To: City of Pearland

County: _____ Highway: _____ Direction: _____ ROW Permit#: _____

Limits: _____

1. State Date: _____ Time: _____ AM PM
End Date: _____ Time: _____ AM PM

2. Nature of Work: _____

3. Has work been coordinated with any other work in the area? YES NO None

4. Individual in charge of site:

Company Name: _____

Telephone Number: _____

(Note Number must be answered by a person at all times.)

Fax Number: _____

5. Number of Lanes of Facility (in direction of TCP closure) 1 2 3 4 5 7 Other (check one)

6. Which lane(s) Closed 1 2 3 4 5 7 All Other

7. Will any ramps require closure? YES NO If so, identify.

Entrances: _____

Exists: _____

8. Describe traffic Management Procedure to be used and attach proposed Traffic Control Plan (standard) with Aerial Image:

9. Portable message signs recommended? YES NO

If yes, how many days in advance of this TCP should sign be placed? _____

10. Is police assistance requested by: Contractor Your Construction Office Other? _____

If so, how many? _____

Where and how will police be used? _____

11. Submitted by: _____ Date: _____

Name and Company

TRAFFIC CONTROL PLAN APPROVED

Engineer

Date

When submitting for approval of the LANE CLOSURE APPLICATION from the "City Of Pearland Temporary Road Closure Permit", allow at least 48 hours for the request to be reviewed and commented on. (excluding weekends, holidays or any City approved facility closure(s)).

*If working on a TxDOT Roadway Attached TXDOT ROW Approval to the City of Pearland Temporary Road Closure Permit.