



**STATE OF CONNECTICUT**  
**OFFICE OF THE STATE TRAFFIC ADMINISTRATION**  
**DEPARTMENT OF TRANSPORTATION**  
**2800 BERLIN TURNPIKE, P.O. BOX 317546**  
**NEWINGTON, CT 06131-7546**  
 Phone: (860) 594-3020



**TRAFFIC CONTROL SIGNAL APPLICATION**

**DATE:** \_\_\_\_\_

**CITY/TOWN OF:** \_\_\_\_\_

**CHECK ONE:**

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- New
- Revision
- Removal

**SIGNAL LOCATION:**

\_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF SIGNAL:** \_\_\_\_\_

(i.e., Fixed Time, Full/Semi Actuated, Emergency Pre-emption, Pedestrian Hybrid Beacon/HAWK, etc.)

**HOURS OF OPERATION:**      NORMAL: \_\_\_\_\_ TO \_\_\_\_\_

FLASH: \_\_\_\_\_ TO \_\_\_\_\_

If this is a revision to an existing signal, then give a brief description of the revision:

\_\_\_\_\_  
 \_\_\_\_\_

This application is submitted in accordance with the provisions of Section 14-299 of the General Statutes of the State of Connecticut, as revised, and meets the warrants and design criteria of the Regulations of the Office of the State Traffic Administration. As the Local Traffic Authority, I/we do hereby request approval to install, operate and maintain the traffic signal, as described above, and in conformance with the attached traffic signal plans (2 copies). A reproducible copy of the approved plan shall be maintained by the Town. The Town should maintain a record of the operation, malfunctions and maintenance of the signal.

Local Traffic Authority/Authorized Representative **Signature:** \_\_\_\_\_

Local Traffic Authority/Authorized Representative **Printed:** \_\_\_\_\_