



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, ACTUATED, EMERGENCY PRE-EMPTION, BEACON, 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:** _____