



**TRAFFIC CONTROL PERMIT APPLICATION**

**Return this form and sketch to:**  
 City of Lancaster, Engineering Bureau  
 120 North Duke Street, PO Box 1599  
 Lancaster PA 17608-1599  
 Fax: (717) 291-4772  
 Phone: (717) 291-4764  
 Email: engineering@cityoflanasterpa.com

Permit Revision Date: March 2019

**\*\*\* THIS PAGE FOR CITY OF LANCASTER OFFICE USE ONLY \*\*\***

Approval Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Permit Expiration: 60 days unless noted Approved By: \_\_\_\_\_

Other Notes: \_\_\_\_\_

**ALL PERMIT HOLDERS ARE REQUIRED TO MAKE THE FOLLOWING NOTIFICATIONS AT LEAST 24 HOURS PRIOR TO THE START OF WORK. FAILURE TO DO SO MAY RESULT IN REVOCATION OF PERMITS AND FIELD WORK BEING TERMINATED OR SUSPENDED.**

Notify LCPD at (717) 735-3332 & (717) 735-3300 (Desk & Patrol Sergeants)	X	REQ'D
Notify LCFD at (717) 989-3647	X	REQ'D
Notify Solid Waste & Recycling Dispatch at (717) 291-4744	X	REQ'D
Resident & Business Notification Required: letters/flyers/door hangers	X	REQ'D

**THE FOLLOWING REQUIREMENTS WILL APPLY IF CHECKED:**

Notify Public Works 24 hours in advance at (717) 291-4777 and (717) 291-4839	
Parking Space Rental Required from LPA, (717) 299-0907	
Traffic Control Consultant Required	
Certified Flaggers Required	
Notification of RRTA Required, (717) 397-5613	
Notification of EMS/Emergency Facility Required	
Notification of School District(s) and/or Bus Services Required	
Variable Message Board Required with messages per City direction	
Notification of PennDOT or Highway Occupancy Permit is required	
Work Hours Restricted to: _____	
Date Restrictions Apply: _____	
Media Notification Required via Press Release	
Public/Neighborhood Meeting Required	
Applicant responsible for roadway and/or sidewalk snow removal	
Applicant to submit road, sidewalk, and property photos prior to work	
Coordination required: _____	

**ALL ITEMS LISTED BELOW ARE REQUIRED.**  
**THIS APPLICATION MUST INCLUDE A TRAFFIC CONTROL DIAGRAM OR LABELED SKETCH**

Applicant (Company): \_\_\_\_\_

Applicant (Representative Name): \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Representative Phone Number: \_\_\_\_\_

Representative Email Address: \_\_\_\_\_

Email Address/Fax to Return Permit: \_\_\_\_\_

Date(s) of Proposed Work: \_\_\_\_\_

Hours of Proposed Work: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
*(Brief Narrative)*

\_\_\_\_\_

\_\_\_\_\_

Location of Work (nearest address): \_\_\_\_\_

Nearest Intersections:  
*(nearest road names)*

\_\_\_\_\_

Name of On-site Supervisor: \_\_\_\_\_

On-site Supervisor Cell Phone: \_\_\_\_\_

Applicant Comments:  
*(optional)*

\_\_\_\_\_