

## TEMPORARY TRAFFIC CONTROL PERMIT CITY OF KNOXVILLE Traffic Engineering



PHONE: (865) 215-6100 email: roadclosures@knoxvilletn.gov

SUBMITTED  DATE: TRAFFIC CONTROL PERMIT NUMBER:			
SITE DE	VELOPMENT PERMIT NUMBER:	RIGHT-OF-WAY PE	RMIT NUMBER:
DATE C	DF WORK:	THRU	
TIME O	F WORK: FROM	TO	
	NAME LOCATION:		
APPLIC	CANT NAME:		
	SS:		
E-MAIL	:		
PROJE	CT DESCRIPTION:		
DESCRIBE TYPE OF CLOSURE: <u>STREET, SIDEWALK, LANE, OTHER</u>			
NOTES:  1. A DETAILED TRAFFIC CONTROL PLAN MUST BE PROVIDED TO SHOW THE PLAN FOR TRAFFIC CONTROL, INCLUDING DEVICES TO BE USED AND THE LOCATION OF THESE DEVICES. ANY ACTIVITY OR WORK MAY NOT BEGIN UNTIL THE ENGINEERING DIVISION HAS APPROVED THE PLAN. TRAFFIC CONTROL PLANS FOR THE FOLLOWING REQUIRE A PLAN PREPARED AND SEALED BY A PROFESSIONAL ENGINEER LICENSED IN THE STATE OF TENNESSEE:			
	A. ANY ACTIVITY ON A STATE ROU B. ANY ACTIVITY REQUIRING A DE	ITE REQUIRING MULTI-LANE CLOSURES TOUR ON ANY ROADWAY.	
	TRAFFIC CONTROL PLANS FOR OTHER CONTROL PROCEDURES.	SITUATIONS MAY BE PREPARED BY PER	Sonnel trained in work zone traffic
2.			NCES OF THE CITY OF KNOXVILLE AND WITH IAY DEMAND ADDITIONAL REQUIREMENTS.
3.	A MINIMUM OF (2) TWO WORKING DAYS ARE REQUIRED FOR REVIEW AND PROCESSING OF PERMIT A MINIMUM OF (4) FOUR WORKING DAYS ARE REQUIRED FOR THE CENTRAL BUSINESS IMPROVEMENT DISTRICT (CBID) AND UT./ FT. SANDERS AREA		
4.	TOTAL ROAD CLOSURES ARE REVIEWED EVENTS, POLICY & REDEVELOPMENT, or	) AND APPROVED BY THE KNOXVILLE PC ENGINEERING OFFICE REVIEW PROCESS	DLICE DEPARTMENT PRIOR TO THE SPECIAL
5.	A COPY OF THIS PERMIT MUST BE AVAIL	ABLE AT WORK SITE.	
APPLIC	CANT'S SIGNATURE:		
SPECIAL EVENTS OFFICE APPROVAL: (IF APPLICABLE) DATE:			DATE:
POLICY	y and redevelopment approval: (If a	APPLICABLE)	DATE:
POLICE DEPARTMENT APPROVAL:			DATE:

ENGINEERING SECTION APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_