

**TRAFFIC APPLICATION**  
**CITY OF EL CENTRO – TRAFFIC ENGINEERING**  
(PRINT OR TYPE APPLICATION)

1. APPLICANT'S NAME: \_\_\_\_\_
2. APPLICANT'S ADDRESS: \_\_\_\_\_
3. TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

4. LOCATION: \_\_\_\_\_

5. The following zone type is requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Crosswalk                 | <input type="checkbox"/> Disabled Parking (Blue) |
| <input type="checkbox"/> Limited Parking (Green)   | <input type="checkbox"/> Loading (Yellow)        |
| <input type="checkbox"/> Passenger Loading (White) | <input type="checkbox"/> Stop Signs              |
| <input type="checkbox"/> Permit Parking            | <input type="checkbox"/> Other _____             |

6. Will entire zone be on your frontage? \_\_\_\_\_
7. Type of Business: \_\_\_\_\_
8. Business Hours \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
9. Business Days \_\_\_\_\_ thru \_\_\_\_\_
10. During what hours of the day is zone needed? \_\_\_\_\_
11. How many commercial pick-ups and deliveries are made at this address per day? \_\_\_\_\_
12. Will zone include a bus operation (white zone) \_\_\_\_\_
13. Do you own the property at this address? \_\_\_\_\_
14. Length of zone desired \_\_\_\_\_ (Typical: Grn/Whi 20'-40'; Yellow 40')
15. Reason zone is needed \_\_\_\_\_

**PERMIT REVIEW FEE: \$376.99** (due at time of application)

*Note: Application for this zone does not guarantee approval.*

**APPLICANT SIGNATURE:** \_\_\_\_\_

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

For Departmental Use Only

Police Dept.: Approved  Denied  Signature: \_\_\_\_\_

Date: \_\_\_\_\_

City Engineer: Approved  Denied  Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Traffic Control Authorization Number: \_\_\_\_\_ Date: \_\_\_\_\_