

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: \$388.30 (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: _____