



**SDOT Permit Number(s)**

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(Official Use Only)

November 2017

# SITE PLAN/TRAFFIC CONTROL PLAN - INTERSECTION

Date of Installation:	Time of Installation:
24 Hour Contact:	Project Location:
Phone Number:	Email:

**INSTRUCTIONS - see CAM 2506 Painting the Intersection in Your Neighborhood for further guidance**

1. **Label** all street names.
2. Clearly **outline** location of painting.

Note: Applicant is responsible for renting and setting up barricades as shown in this plan.

**SITE PLAN**

Does the intersection have a stop sign, traffic circle, official pavement markings, or any other traffic control devices?  Yes  No

**STREET NAME:**

**STREET NAME:**

**Required Barricades and Signage:**

A

  
T-15

B

  
TYPE II

Indicate North

