Traffic Control Plan

Location of Work	
Site Address:	Date:
Applicant:	Phone:
Owner:	Phone:
Contractor:	Phone:
Period of use or time of construction:	
Start Date/Time:	Finish Date/Time:
Equipment:	
Traffic Impacts:	
Traffic Signal Turn off/on:	
Criteria for City of Springfield Traf	fic Control Plan Submittals
Plan Submittal requirements: Submit your Traffic Control Plan (TCP) v Fill out and submit this form with your	vith the following information on 8.5"x11" or 11"x17" paper. TCP.
The TCP shall be a legible hand drawin	g, or a computer aided design with the following information:
	mes, intersection/driveway access points, curb lines, the work zone, and any ss points, sight obstructions, that could affect the TCP.
Location: Where will the TCP be active? This can control devices will be placed, including	be a line drawing of the work zone(s) and/or a map that clearly indicates where traffic g spacing and cone tapers.
Traffic Control Handbook that reflect the	control diagram(s) as shown in the current MUTCD and/or the ODOT Oregon Temporary ne work zone may be included as a standard reference.