

SDOT Permit Number(s)

(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.

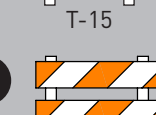
Note: Applicant is responsible for renting and setting up barricades as shown in this plan.

SITE PLAN

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


STREET NAME:

Indicate North



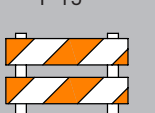
Required Barricades and Signage:

A



T-15

B



TYPE II

STREET NAME:

Indicate North

