



TRAFFIC CONTROL PLAN CITY OF OCEANSIDE

ENGINEERING DIVISION - TRANSPORTATION SECTION

PERMIT NO. _____

JOB NAME		JOB LOCATION				
WORK HOURS	SPEED LIMIT	WORK TO BE DONE				
START DATE	END DATE	EXTENSION	INITIAL	EXTENSION	INITIAL	PERMIT NO. (IF APPLICABLE)
ENGINEERING INSPECTOR	CONTRACTOR'S NAME AND ADDRESS					
CONTACT PERSON	DAYTIME PHONE	24-HOUR PHONE	APPLICANT SIGNATURE		DATE	

CONTRACTOR'S OBLIGATIONS

1. The contractor, or a representative, must submit a readable traffic control plan in accordance with the State of California Manual of Traffic Controls for Construction and Maintenance Work Zones.
2. The completed traffic control plan application must be submitted 14 calendar days prior to beginning of work.
3. The City reserves the right to observe the traffic control plan in operation and to make any changes as field conditions warrant.
4. Any work which creates an undue safety hazard or unreasonable traffic congestion will be shut down by the City.
5. A copy of the approved traffic control plan shall be kept on the jobsite at all times. Changes to the traffic control plan require approval by the Transportation Section. It is the contractor's responsibility to obtain approval for the plan revision before continuing work.
6. The contractor shall ensure that all dirt, dust or debris is removed from roadways at the end of each workday and at the end of the job.
7. Approval of this traffic control plan does not constitute an actual permit. Contact the Engineering counter for permit information.
8. The contractor is responsible for restoring the roadway back to satisfactory condition which will include, but is not limited to, paving, striping, pavement markings, signing, traffic signal loop detectors, and removing all markouts from all surfaces in the public right-of-way within thirty days of the completion of the excavation work.
9. If questions or other issues arise, contact your Engineering Inspector in the field or call the Transportation Section at (760) 435-3538.

APPROVED	DENIED	TRANSPORTATION SECTION _____	DATE: _____
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