## STATE OF CONNECTICUT



OFFICE OF THE STATE TRAFFIC ADMINISTRATION DEPARTMENT OF TRANSPORTATION 2800 BERLIN TURNPIKE NEWINGTON, CT 06111 Email: DOT.OSTA@ct.gov



## TRAFFIC CONTROL SIGNAL APPLICATION

Please submit this form along with digital plan(s) to the Office of the State Traffic Administration at <a href="mailto:DOT.OSTA@ct.gov">DOT.OSTA@ct.gov</a>.

DATE: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

SIGNAI	LOCATION:							
1.	New Traffic Control Signal		8.	Revision to signal phasing sequence		14.	Add/Remove "No Pedestrian Crossing" or "No Bicycle Crossing"	
2.	Removal of Traffic Control Signal		9.	Revision to signal timing outside of approved MIN-MAX values		15	signs Add/Remove signalized	
3.	Temporary Traffic Control Signal		10.	Add/Remove/Revise pedestrian	П	15.	approaches at an intersection	
4.	Complete Signal Replacement			phase	_	16.	Add/Remove emergency vehicle or railroad pre-emption	
5.	Installation/Removal/Revision of Pedestrian Hybrid Beacon		11.	Add/Remove/Revise hours of programmed flash operation		17.	Revision to location of vehicle detection zones	
6.	Installation/Removal/Revision of Lane-Use Control Signals		12.	Add/Revise lane-use controls (including bicycle lanes and boxes)		18.	Revision to location of traffic signal equipment	
7.	Transfer of Ownership (Municipality to State)		13.	Add/Remove "No Turn on Red" signs		19.	Revision to railroad protection devices	
Except  Re Re	nformation:  ions where OSTA approval is vision to signal timings withir placement of traffic signal co shing Beacons	the prev	/ious	sly approved min/max range	ed tha	at the	location matches the approved	
State State maint	of Connecticut, as revised, Traffic Administration. As ain the traffic signal as des ducible copy of the approv	and med the Loca scribed a red plan	ets I Trabov sha	the warrants and design cri affic Authority, I do hereby e, and in conformance with	teria requo the nicipa	of th est ap attac	of the General Statutes of the Regulations of the Office of oproval to install, operate, and the traffic signal plan(s). A The municipality should main	the d
Local T	raffic Authority/Authorized R	epresent	ativ	e Signature:				
Local T	raffic Authority/Authorized R	Represent	ativ	e Printed Name:				