



APPLICATION FOR WORK ZONE PERMIT

The City of Oklahoma City
Public Works Department - Traffic Management Division

PHONE (405) 297-2531 ~ FAX (405) 316-3165 ~ EMAIL: workzones@okc.gov

Application submittal Date : _____
THE DATE THIS APPLICATION IS FILED WITH THE CITY

Contractor information: _____

48 HOURS
ADVANCE
NOTICE
NEEDED
PRIOR TO
PERMIT
START
DATE

PRINTED CONTRACTOR CONTACT NAME
PRINTED COMPANY NAME
OFFICE PHONE NUMBER
OFFICE F A X NUMBER
CELL PHONE NUMBER
EMAIL ADDRESS

On lines below, fully describe the work being done _____

Dumpster or storage unit permits are valid for only **2 weeks** at a time.
If **parking meters** need to be hooded in work zone contact 297-1331.

Work location : _____
WORK ZONE LOCATION BY STREET ADDRESS

Barricading contractor : _____
COMPANY NAME

Barricading contractor contact : _____
PERSON'S NAME

City assigned project number : _____
EXAMPLE : PD-2001, SD-1984, TC-0400

Requested permit start date : _____ Start Time: _____

Expected completion date : _____ End Time: _____

Are lane closures necessary? No Yes **If Yes**, indicate the direction(s) and number of lane(s) to be closed
below. **Check the box** indicating the direction of travel and next to that
indicate the number of lanes to be closed,

NB # _____ SB # _____ EB # _____ WB # _____
Lanes Lanes Lanes Lanes

Are road closures necessary? No Yes **If Yes**, a **detour plan** may be required if one is not already
provided in the approved project plans.

(1) SUBMIT APPLICATION TO TRAFFIC MANAGEMENT ON THE 6TH FLOOR AT 420 W. MAIN ST. BY FAX OR IN PERSON BEFORE PAYING \$25.00 PERMIT FEE TO THE DEVELOPMENT CENTER ON THE 8TH FLOOR. (2) CALL THE DEVELOPMENT CENTER AT 297-2459 TO PAY BY PHONE WITH CREDIT CARD (Work Zone Application PAY SLIPS ARE SUBMITTED BY TRAFFIC MANAGEMENT TO THE 8TH FLR AT 11 am & 3:00 pm). (3) PERMITS CAN BE PICKED UP AT THE TRAFFIC MANAGEMENT DIVISION, 6TH FLOOR, WITH PROOF OF PAYMENT OR PERMITS PAID BY PHONE WILL BE FAXED WITH THE RECEIPT. WORK ZONE PERMITS ARE REQUIRED FOR ALL WORK THAT AFFECTS CITY RIGHT-OF-WAY (STREETS, SIDEWALKS, ALLEYS).

Contractor's Work Zone Statement

I certify that all work zones set up and traffic control devices used will conform with Part VI of the Manual on Uniform Traffic Control Devices, 2009 Edition and a copy of the Permit will be at worksite at all times.

APPLICANT SIGNATURE _____ DATE _____