



PUBLIC WORKS DEPARTMENT
Right Of Way Management Office - Temporary Traffic Control
Road Closure, Lane Closure & Social Event Application & Permit
 RIGHT OF WAY USE PERMIT NO. _____ TTC PERMIT NO. _____

For Hillsborough County Office Use Only

Fee Charged \$ _____ | Fee Paid \$ _____ | Paid Date ____ / ____ / ____ | Paid by: () Cash () Check () Credit Card

TYPE OF REQUEST: () ROAD CLOSURE () LANE CLOSURE () OTHER _____

Number of Lanes: _____

Contractor/Organization:		Contact Name:	Date:
Contractor Doing Work For:		Their Phone:	
Address:		Phone:	Fax:
Check preferred method of permit approval notification: () Phone () Fax () E-mail:			
Location: (reference to nearest intersection(s) do not use house numbers)			
On:	From:	To:	
Direction of Traffic in Work Area : () Northbound () Southbound () Eastbound () Westbound			
Location on roadway (for multi-lane roads): () Right Turn Lane () Inside () Center () Outside () Left Turn Lane			
Description of work:			
Start date:	End Date:	Name of 24 hr Contact Person:	FOR SOCIAL EVENT USE ONLY
		Phone:	Start Time: End Time:
Maintenance of Traffic:		Submitted by:	Title
() Drawing attached			Phone
() FDOT Standard Index # _____			Fax:

THE PERMITTEE HEREBY AGREES TO THE TERMS OF THIS PERMIT, AND UNDERSTANDS THAT IF THESE TERMS ARE VIOLATED, THE PERMITTEE BE REQUIRED TO STOP WORK, RESTORE THE ROAD SURFACE TO A SAFE AND PASSABLE CONDITION, AS DETERMINED BY THE ENGINEER. HE WILL THEN VACATE THE RIGHT-OF-WAY.

Signature of permittee **X** _____

Hillsborough County Projects Use Only		CIP No:
Signatures, as listed below, are mandatory for all County projects. (Must be submitted through the Project Manager)		
Project Manager (Lane Realignment Approval)	Section Manager: (Lane Closure Approval)	Division Director (Road Closure Approval)
Name of 24-hour Project Management Contact:	Phone Number:	24 hr. Phone Number:

For Hillsborough County Official Use Only		
Daily Work Hours: Start Time: _____	End Time: _____	Area of County: _____
() First Day Only (24 hr. Road Closures only)		
() 24 Hr.	() Daylight Only	() Nighttime Only () Weekend () Weekend Only

For Hillsborough County Office Use Only	
Hillsborough County Approval: This form shall, upon appropriate county signatures or separate approval letter, become the permit.	
APPROVED BY: _____	DATE: _____

To pay by credit card please use AUTHORIZATION FOR PAYMENT BY CREDIT CARD form*. Fax ONLY to the numbers listed on the form. * Form available online through the "Applications/Forms" button at www.hillsboroughcounty.org/publicworks



PUBLIC WORKS DEPARTMENT
Right-of-Way Management Office/ Temporary Traffic Control
4115 66th St. S. • Tampa, FL 33619
Main# (813) 274-6500 Fax 635-7479 Direct 628-5025

TTC PERMIT NO.

TTC _____

The Permittee, shall indemnify, defend, and hold harmless Hillsborough County and all of its officers, agents and employees from any claim, loss, damage, cost, charge or expense arising out of any acts, actions, neglect or omission by the Permittee, It's agents, employees, or subcontractors during the performance of the Project, whether direct or Indirect, and whether to any person or property to which the County or said parties may be subject, except that neither the Permittee nor any of Its subcontractors will be liable under this Article for damages arising out of the injury or damage to persons or property directly caused or resulting from the SOLE negligence of the County or any of its officers, agents or employees.

Contractor's obligation to Indemnify, defend, and pay for the defense or at the County's option, to participate and associate with the County in the defense and trial of any damage claim or suit and any related settlement negotiations, shall be triggered by the County's notice of claim for indemnification to Contractor. Contractor's inability to evaluate liability or its evaluation of liability shall not excuse Contractor's duty to defend and indemnify within seven days after such notice by the County is given by registered mail. Only an adjudication or judgment after highest appeal is exhausted specifically finding the County SOLELY negligent shall excuse performance of this provision by Contractor. Contractor shall pay all costs and fees related to this obligation and its enforcement by the County. County failure to notify Contractor of a claim shall not release Contractor of the above duty to defend.

It is understood and agreed that the rights and privileges herein set out are granted only to the extent of the County's right, title and interest in the land to be entered upon and used by the Permittee, and the Permittee will, at all times, assume all risk of and indemnify, defend, and save harmless Hillsborough County from and against any and all loss, damage, cost of expense arising in any manner on account of the exercise or attempted exercises by said Permittee of the aforesaid rights and privileges.

During the event, all safety regulations of the County shall be observed and the holder must take measures, including placing and display of safety devices, that may be necessary in order to safely conduct the public through the project area in accordance with the Federal Manual on Uniform Traffic Control Devices (MUTCD), as amended, and the latest Florida Department of Transportation's "Roadway Traffic Design Standards."

In case of non-compliance with the County's requirements in effect as of the approved date of this permit, this permit is void and the facility will have to be brought into compliance or removed from the R/W at no cost to the County.

When a permit includes a road closure, the applicant is required to post public notification signs on the subject roadway a minimum of seven days prior to initiating the closure. The notification signs shall include the proposed start and finish date of the closure, special hours of the closure, if applicable, and a telephone number (272-5275) for additional information. If the applicant fails to install the required signs the permit will be revoked. Projects that are limited to lane realignments are not required to post the advisory signs.

Application must be received a minimum of five days prior to the proposed implementation date, and at least twelve days prior for road closures. The application will be reviewed and returned to the applicant within five days from the time it was received by the Hillsborough County Right-of-Way Office. Complex projects requiring extensive travel lane realignments, traffic signal modifications, or multiple closures will require an extended review time.

Times and dates on permits are for normal work days only. Any work done outside these hours must be approved on a separate permit. In Hillsborough County working hours are established by the Temporary Traffic Control Permitting Agent. The normal working hours have been established as follows: High volume roads: 9:00 AM to 4:00 PM. Low volume roads 8:30 AM to 5:00 PM. Any work done outside these hours require special permitting and must be approved by the TTC Permitting Agent.

SIGNATURE OF PERMITTEE REQUIRED:

I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO SAID TERMS.

PERMITTEE SIGNATURE: **X** _____ DATE: _____

For Hillsborough County Office Use Only
COMMENTS OR RESTRICTIONS:

LOCATION:

TTC PERMIT NO.

TTC _____

Drawing of Permitted Area:

➔ DETOUR ARROW



VMB



TYPE III BARRICADE

• CONE

NO	TTC PLAN / DESCRIPTION	AMT	NOTES
1	THIS ROAD TO BE CLOSED THRU For Info. Call 272-5275		
2	ROAD CLOSED AHEAD, LIGHT, FLAG		
3	ROAD CLOSED 1000 FT, LIGHT, FLAG		
4	ROAD CLOSED 500 FT, LIGHT, FLAG		
5	DETOUR 500 FT, LIGHT, FLAG		
6	ROAD CLOSED TO DETOUR ARROW, TYPE III BARRICADE, LIGHTS		
7	ROAD CLOSED, TYPE III BARRICADES, LIGHTS		
8	↑ DETOUR		
9	ROAD CLOSED TO THRU TRAFFIC, DETOUR ARROW, TYPE III BARRICADES, LIGHTS		
10	DETOUR AHEAD, LIGHT, FLAG		
11	ROAD CLOSED TO DETOUR ARROW, TYPE III BARRICADE, LIGHT		
12			

