



**Washington State  
Department of Transportation**

**Traffic Signal Permit**

Check Appropriate Box:  Permit Application (Complete Parts A and B)  
 Report of Change (Complete Parts A, E, and F)  
 Report of Installation (Complete Parts A, D, and F)

<b>F</b>	<b>Permit No.</b> To be Assigned by Olympia Service Center
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<b>A</b> Applying or Reporting Agency	State Route _____ Milepost _____ Control Section _____ WSDOT Region _____	70% Rule By <input type="checkbox"/> Speed <input type="checkbox"/> Population
	Location / Cross Street _____ County _____ City _____ City Population _____	
	Signal Type - Check Appropriate Boxes <input type="checkbox"/> Conventional <input type="checkbox"/> Intersection Control Beacon <input type="checkbox"/> Ramp Meter <input type="checkbox"/> School <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Moveable Bridges <input type="checkbox"/> Reverse Lane <input type="checkbox"/> Temporary	
<b>B</b> Applying Agency Application Information	Agency _____ Applicant Name _____ Date _____	Address _____ City _____ State _____ Zip Code _____
	Warrant Checklist	
	Hours Met _____ <input type="checkbox"/> 1. Minimum Vehicular Volume _____ <input type="checkbox"/> 8. Combination of Warrants _____ <input type="checkbox"/> 2. Interruption of Continuous Traffic _____ <input type="checkbox"/> 9. Four Hour Volume _____ <input type="checkbox"/> 3. Minimum Pedestrian Volume _____ <input type="checkbox"/> 10. Peak Hour Delay _____ <input type="checkbox"/> 4. School Crossings _____ <input type="checkbox"/> 11. Peak Hour Volume _____ <input type="checkbox"/> 5. Progressive Movement _____ <input type="checkbox"/> 12. Non-MUTCD Warrant _____ <input type="checkbox"/> 6. Accident Experience _____ <input type="checkbox"/> 13. Other _____ <input type="checkbox"/> 7. Systems _____	
	Support Data Checklist - Check appropriate boxes and describe the problem being addressed by this installation <input type="checkbox"/> Vehicular Volume Counts <input type="checkbox"/> Intersection Sketch <input type="checkbox"/> Projected Volumes <input type="checkbox"/> Speed Study <input type="checkbox"/> Pedestrian Volume Counts <input type="checkbox"/> Warrant Analysis <input type="checkbox"/> Gap Study <input type="checkbox"/> Accident Study	
<b>C</b> Region Authorization	Problem Statement _____	
	Under authority of RCW 46.61.085, the above described installation is authorized.	
	Regional Administrator Signature _____	Approval Date _____
<b>D</b> Operating Agency	Conditions of Permit _____	
	<b>Report of Installation</b> (Fill in Agreement Number if Owning Agency does not operate and/or maintain the signal)	
	Turn-On Date _____ Agency Owning Signal _____ Agency Operating Signal _____	Control Type _____ Agency Maintaining Signal _____ Agreement Number _____ <input type="checkbox"/> Cyclic <input type="checkbox"/> Flashing
<b>E</b> Operating Agency	<b>Report of Change</b> (Report change in Type of Signal, Type of Control, or if signal was removed)	
	Signal Type Changed From _____ To _____	Date Changed _____
	Control Type Changed From _____ To _____	Date Changed _____
Date Signal Removed _____	Reported By _____ Title _____	Date _____

DOT Form 242-014 EF  
Revised 11/98

Distribution:  Olympia Service Center Record of Permit, Report of Installation, or Report of Change  
 Region Record of Authorized Permit, Report of Installation, or Report of Change  
 Applicant Record of Authorized Permit, Report of Installation, or Report of Change

