

Distribution:  
White – Applicant  
Yellow – State Traffic Engineer  
Pink – District Traffic Engineer

Do Not Write In This Space
Application No. _____
Permit No. _____

**DEPARTMENT OF TRANSPORTATION  
STATE OF GEORGIA**

**REQUEST FOR TRAFFIC SIGNAL**

To the Georgia Department of Transportation:

The Board of Commissioners in Hall County hereby request approval for the use of a traffic signal at the location described below:

**LOCATION**

Local Street names: Friendship Rd at N Bogan Rd

State Route Numbers: 347 at \_\_\_\_\_

**TYPE SIGNAL**

Stop and Go     Flashing Beacon     School Beacon     Other

**CONDITIONS OF APPLICATION AND STANDARDS OF OPERATION**

In the event that the Georgia Department of Transportation authorizes the use of a traffic signal at the above location, the undersigned agrees to participate in the costs to purchase and install the signal. This level of participation will be determined after a study of the location has been completed. The signal must be installed to the Department's standards and conform with the authorization issued by the Department and the provisions set forth therein.

**COST OF OPERATION**

The full and entire costs of the electric energy and telephone service used to operate the signal shall be at the expense of the applicant without any cost to the Georgia Department of Transportation. The applicant understands that the Department may ask for participation in the cost for the purchase, installation and maintenance of the signal if approved.

**INSPECTION AND APPROVAL**

The installation, maintenance and operation of said signal shall be subject at all times to inspection and approval by a duly authorized engineer of the Georgia Department of Transportation.

**RIGHT TO REVOKE**

The Georgia Department of Transportation reserves the right to revoke the approval should it for any reason desire to do so, by giving the applicant thirty (30) days written notice, and in that event, the applicant agrees to remove said signal from said right-of-way at its own expense or allow it to be removed by the Department.

This application is hereby submitted and all of the terms and conditions are hereby agreed to. The undersigned are duly authorized to execute this instrument.

This the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

Attest: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Clerk