Checklist for Completeness of Traffic Control Plan (TCP)

The following information is required to review a Traffic Control Plan (TCP) for City of Kent. Each TCP shall be prepared by a Washington State Certified Traffic Control Supervisor. TCP’s should be drawn on ledger size paper (11”x17”), and should clearly show the following items.

Please complete and sign this checklist and attach it to your application package. Address each item on the checklist, either by checking it as complete or by marking it as N/A.

☐ The name of the project. For example: South 212th Street grocery store; PSE service connection; etc.

☐ The reason for working within the public right-of-way. For example: water main installation; sanitary sewer extension; street improvement; natural gas service connection; telecommunications cable installation; etc.

☐ The work area location, including the placement of vehicles, cuts, etc.

☐ All streets and cross-streets in the traffic control zone and within 300 feet in all directions from the outer edge of the traffic control zone.

☐ All driveways, alleys and access tracts within the traffic control zone.

☐ The dimensions of the work area (in feet), where the work are will be in relation to the traffic lanes, and show sidewalks affected by your work zone.

☐ Show travel lanes, shoulders, if present (both paved and unpaved width) and pedestrian travel path (shoulder or sidewalk).

☐ Show how travel paths will be provided for pedestrians as well as for vehicles.

☐ A vicinity map with a north arrow.

☐ The distance between all traffic advance warning signs, and all other traffic control devices, and the lengths of all transition tapers in feet.

☐ The location of the Flagger in relation to the installed advance warning signs and to other traffic control devices.

☐ The name, 24-hour telephone number, certification number, and e-mail address of the Owner/Contractor’s Traffic Control Supervisor.

☐ The name, telephone number and e-mail address of the person who prepared the TCP.

I certify that I have checked all applicable boxes above and that my application submittal contains the required TCP information items.

____________________________________________
Print Name

____________________________________________
Date

____________________________________________
Signature

Permit Center
Location: 400 W. Gowe
Mail to: 220 4th Avenue South  ● Kent, WA 98032
(253) 856-5500    FAX: (253) 856-6500
www.ci.kent.wa.us/permitcenter

No cut in right of way permit application and or cut (disturbance) in right of way permit application.