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)

F **Permit No.**
To be Assigned by Olympia Service Center

A — Applying or Reporting Agency

State Route	Milepost	Control Section	WSDOT Region	70% Rule By ☐ Speed ☐ Population

Location / Cross Street	County	City	City Population

Signal Type - Check Appropriate Boxes
- ☐ Conventional
- ☐ Emergency Vehicle
- ☐ Intersection Control Beacon
- ☐ Moveable Bridges
- ☐ Ramp Meter
- ☐ Reverse Lane
- ☐ School
- ☐ Temporary
- ☐ Other (Specify)

B — Applying Agency Application information

Agency	Applicant Name	Date

Address	City	State	Zip Code

Warrant Checklist — Hours Met
- ☐ 1. Minimum Vehicular Volume _____
- ☐ 2. Interruption of Continuous Traffic _____
- ☐ 3. Minimum Pedestrian Volume _____
- ☐ 4. School Crossings
- ☐ 5. Progressive Movement
- ☐ 6. Accident Experience
- ☐ 7. Systems
- ☐ 8. Combination of Warrants
- ☐ 9. Four Hour Volume
- ☐ 10. Peak Hour Delay
- ☐ 11. Peak Hour Volume
- ☐ 12. Non-MUTCD Warrant _____
- ☐ 13. Other _____

Support Data Checklist - Check appropriate boxes and describe the problem being addressed by this installation
- ☐ Vehicular Volume Counts
- ☐ Pedestrian Volume Counts
- ☐ Intersection Sketch
- ☐ Warrant Analysis
- ☐ Projected Volumes
- ☐ Gap Study
- ☐ Speed Study
- ☐ Accident Study

Problem Statement

C — Region Authorization

Under authority of RCW 46.61.085, the above described installation is authorized.

Regional Adminstrator Signature _____ Approval Date _____

Conditions of Permit

D — Operating Agency

Report of Installation (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 ☐ Cyclic ☐ Flashing	Agency Maintaining Signal	Agreement Number

E — Operating Agency

Report of Change (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