



## TEMPORARY SIGNAL SHUTDOWN APPLICATION

Intersection: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Facility Permit No. or Right-of-Way Permit No. (If applicable): \_\_\_\_\_

Applicant: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Effective Date(s): \_\_\_\_\_ Off Time: \_\_\_\_\_ On Time: \_\_\_\_\_

**IMPORTANT: Submit application a minimum of two (2) business days in advance of requested shutdown date and time. Attach Traffic Control Plan. Application will not be reviewed or approved without a traffic control plan**

Reason for Signal Shut Down: \_\_\_\_\_

Applicant 24-Hr Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Tel: \_\_\_\_\_

City Inspection Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_

***The applicant understands and agrees to comply with all terms of this application as approved.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For office use only:***

**Action:**

Incomplete

Denied

Approved

Approved: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_\_\_

Traffic Signal Supervisor or  
Operations Superintendent

Comments: \_\_\_\_\_

Notification by: \_\_\_\_\_ Date: \_\_\_\_\_

### IMPORTANT

The applicant remains fully responsible, at all times, for safety of the work zone, maintenance and upkeep of the signs and road closure devices used, and update of contact phone numbers. Upon reopening of the road, the applicant is responsible for the removal of all signs, barricades, etc., and notification of **City of Hillsboro**.

For an emergency shut down please contact Public Works Operations during business hours at 503-615-6509.

For help after hours, please call WCCCA Dispatch at 503-629-0111.

For all other inquiries please contact the Development & Permitting Team at 503-681-6153.

Email to: [Permits@Hillsboro-Oregon.gov](mailto:Permits@Hillsboro-Oregon.gov)