



POSTED AND BONDED ROADWAY – MAINTENANCE PLAN APPLICATION FOR ROADWAY SIGNING

(PLEASE PRINT IN BLUE OR BLACK INK)

Submit to the appropriate district posted and bonded coordinator listed in the link below:
(<http://www.dot.state.pa.us/public/Bureaus/BOMO/Marcellus/PBCoordinator.pdf>)

Applicant's Information

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|--------------------------------------|-------------------------|-------------|
| A | Company: | | Excess Maintenance Agreement Number: | | |
| | Street Address: | | | | |
| | City: | | State: | Zip Code: | |
| | Contact Person Name: | | | | |
| | Office Phone Number: | | Mobile Phone Number: | | Fax Number: |
| | Email Address: | | | | |
| B ROUTE(S) IDENTIFICATION | | | | | |
| County: | | State Route(s): | | Segment(s) and Offsets: | |
| C SIGNING REQUEST INFORMATION - A signing plan indicating all sign locations (segment/offset) and sign fabrication details (text message, sign size, etc.) is required. | | | | | |
| Reason(s) for Request: Please be as specific as possible; indicate which of the following APPROVED reasons for request and provide justification. | | | | | |
| <input type="checkbox"/> Inaccurate GPS direction <input type="checkbox"/> Route confusion – multiple route possibilities <input type="checkbox"/> Clarification of unclear “turning” locations <input type="checkbox"/> Unclear bonded route terminus points <input type="checkbox"/> Multiple bonded users on roadway <input type="checkbox"/> Other | | | | | |
| D APPLICANT CONSENT ACKNOWLEDGEMENT | | | | | |
| By signing below, the applicant certifies that to the best of their knowledge, the information submitted for this application for supplemental signing is true and correct and they will comply with all applicable Pennsylvania laws and regulations pertaining to the installation and maintenance of the signs and assume responsibility for the cost of installation, maintenance and removal of signs. | | | | | |
| Print Name: | | | Title: | | |
| User Signature: | | | Date: | | |
| E DEPARTMENT APPROVAL / AUTHORIZATION | | | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved If Disapproved provide comment in section below. | | | | | |
| Reviewed By: District Posted and Bonded Road Coordinator | | | Date: | | |
| Approved By: District Traffic Engineer | | | Date: | | |
| Comments / Conditions / Reasons for Disapproval: | | | | | |