Document 1

LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT
REVIEW OF PERMIT REQUEST FORM FOR EMERGENCY VEHICLE PREEMPTION ON STATE RIGHT OF WAY

LOCAL GOVERNMENT INFORMATION

Name _____

Mailing Address_____

City _____ State _____ Zip Code _____

DESIGNATED GOVERNMENT OFFICIAL CONTACT INFORMATION (OWNER)

(Submit Power of Attorney documentation stating this person has the authority to enter into a legally-binding agreement on behalf of the local government).

Name _____

Title _____

Phone _____ Fax _____

Email _____

DESIGNATED CONTACT INFORMATION (if different from above)

Name _____

Title _____

Phone _____ Fax _____

Email _____

LOCATION INFORMATION OF THE DEVICE

Attach map with location identified along with approximate distance from

City _____ Parish_____

State Route/Corridor Route _____

TSI #_____ *Name of intersecting road* _____

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TSI #_____ *Name of intersecting road* _____ *(If more locations needed, attach additional sheets.)*

> All preemption locations shall be installed and maintained by the governmental entity listed as the owner.
>
> A log shall be delivered every six (6) months to the appropriate District Transportation and Operations Engineer or the preemption permit will be void. This log should state what vehicle set off the preemption, how often the preemption is set off per day and the time of day the preemption is set off.
>
> All preemption locations shall be along a corridor only.

ATTACH THE FOLLOWING:

1. ☐ A map illustrating where the signals with preemption are located
2. ☐ Specifications
3. ☐ Mounting details for attachment
4. ☐ Method of operation
5. ☐ Updated TSI form & construction plans

I certify that the information contained herein is true, complete, and correct to the best of my knowledge. I understand that if any information contained herein is found to be falsified, this request and any permit issued based on this information shall be voided.

Signature of Owner _____ Date _____

Return Completed Form to the District Permit Specialist at the DOTD District Office where subject property is located.

Date Request Received _____   Date Owner Contacted _____

(Owner should be contacted within 14 business days of date request is received.)

District _____   Request Processed By _____ (District Permit Specialist)

District Personnel to Review   Comments:

_____   _____

District Traffic Operations Engineer   (Print & Initial)   Date

Phone # _____ email: _____

_____   _____

Area Engineer   (Print & Initial)   Date

Phone # _____ email: _____

Notification of Receipt Sent to Applicant by_____**Date** _____
(with or without comments or resubmission instructions)

Denial Letter Sent to Applicant by_____**Date** _____