## Town of Barnstable Department of Public Works Street/Traffic Sign Application

## APPLICANT (PRINT OR TYPE)

Name: Address: Telephone:				-	
	Applicant's Signature		Date	-	
SIGN REQU	EST (CHECK TYPE)				
□ Street Nat	me (Print name)				
CHILDRI	EN	DEAF CHILD		STOP	
DEAD EN	ND	□ NO PARKING	D Y	YIELD	
D NOT A T	HRU WAY	□ NO PARKING (TOW ZO	DNE) 🛛 🗘	OTHER	
□ THICKLY	Y SETTLED 30 MILES	PER HOUR			

□ SIGN POST (Must be checked if no post or existing metal post is unsuitable.

NOTE: STOP, YIELD, and SPEED LIMIT signs must meet strict state established criteria requiring extensive engineering study before submissions to the Town Manager and State for approvals. NO PARKING signs also require considerable analysis and coordination between police and fire departments before approval.

## SHOW DIAGRAM FOR LOCATION OF REQUESTED SIGN

Indicate locations with an "X" and enter street names, house numbers and any prominent landmarks

Department of Public Works Use							
□ Approved for Installation	□ Denied (see explanation)	□ Evaluation/Recommendation					
Doniel W. Contos, D.E. Dineston		Data					

The undersigned do hereby indicate our support of the sign (s) requested in this application:

NAME		ADDRESS
	- -	
	-	
Additional Applicant Comments:		