

RESOLUTION

LNT-18-15

BE IT RESOLVED, by authority of the Board of Supervisors

(Name of governing body)

of ~~the~~ Lower Nazareth Township, Northampton County, and it
(Name of MUNICIPALITY)

is hereby resolved by authority of the same, that the Township Manager

(designate official title)

of said MUNICIPALITY is authorized and directed to submit the attached Application for Traffic

Signal Approval to the Pennsylvania Department of Transportation and to sign this Application on behalf of the MUNICIPALITY.

ATTEST:

Lower Nazareth Township

(Name of MUNICIPALITY)

Eve Albert
(Signature and designation of official title)

By: GERALD R. GREEN Vice-Chairman
(Signature and designation of official title)

I, Tammi Dravec
(Name)

Assistant Secretary/Treasurer
(Official Title)

of the Lower Nazareth Township Board of Supervisors, do hereby certify that the foregoing
(Name of governing body and MUNICIPALITY)

is a true and correct copy of the Resolution adopted at a regular meeting of the

Board of Supervisors, held the 11th day of November, 2015.
(Name of governing body)

DATE: 11-11-15

Tammi Dravec Asst. Secretary/Treas.
(Signature and designation of official title)

Application for Traffic Signal Approval

Please Type or Print all Information in Blue or Black Ink



County : _____
Engineering District : _____
Department Tracking # : _____
Initial Submission Date : _____

A - Applicant's (Municipal) Contact Information

Municipal Contact's Name : Timm A. Tenges Title : Township Manager
 Municipal Name : Lower Nazareth Township
 Municipal Address : 623 Municipal Drive, Nazareth, PA 18064
 Municipal Phone Number : 1-610-759-7434 x 1003 Alternative Phone Number : _____
 E-mail Address : ttenges@lowernazareth.com
 Municipal Hours of Operation : 7:30 a.m. - 4:00 p.m.

B - Application Description

Location (intersection) : Hecktown Road (T-437) and SR 8003 (northbound SR 0033 Ramp / Commerce Park Drive)

Traffic Control Device is : NEW Traffic Signal EXISTING Traffic Signal (Permit Number) : _____

Type of Device (select one) Traffic Control Signal (MUTCD Section 4D, 4E, 4G) Flashing Beacon (MUTCD Section 4L) School Warning System (MUTCD Section 7B)
 Other : _____

Is Traffic Signal part of a system? : YES NO System Number (if applicable) : _____
 If YES, provide locations of all signalized intersections in system.

Explain the proposed improvements :

This is a new traffic signal.

Associated with Highway Occupancy Permit (HOP)? : YES NO If YES, HOP Application # : 05030672

C - Maintenance and Operation Information

Maintenance and Operations are typically performed by? :

- Municipal Personnel Municipal Contractor Municipal Personnel & Contractor
 Other : _____

Maintenance and Operations Contact Name : William Conrad Company/Organization : Signal Service, Inc.
 Phone # : 610-429-8073 Alternative Phone # : _____ E-mail : bconrad@signalservice.co

D - Attachments Listing

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Municipal Resolution (required) | <input type="checkbox"/> Location Map | <input type="checkbox"/> Traffic Volumes / Pedestrian Volumes |
| <input type="checkbox"/> Letter of Financial Commitment | <input type="checkbox"/> Photographs | <input type="checkbox"/> Turn Lane Analysis |
| <input type="checkbox"/> Traffic Signal Permit | <input type="checkbox"/> Straight Line Diagram | <input type="checkbox"/> Turn Restriction Studies |
| <input type="checkbox"/> Warrant Analysis | <input type="checkbox"/> Capacity Analysis | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Crash Analysis | <input type="checkbox"/> Traffic Impact Study (TIS) | |
| <input type="checkbox"/> Traffic Signal Study | <input type="checkbox"/> Condition Diagram | |