



Date: \_\_\_\_\_

**Traffic Calming Request Form**

**Please review the following important criteria as it relates to traffic calming requests:**

1. Roadway must have a documented issue with speeding (observed 85th percentile speed is greater than 10 MPH over posted speed limit)
2. Minimum/Maximum Roadway Volume: 750 vehicles per day /5,000 vehicles per day (to be determined through existing annual counts, if available, or a new count)
3. Maximum Speed: The posted speed on the roadway must not exceed 30 MPH.
4. Homeowner approval for installation (and removal): 65%
5. Consider other owners impacted by devices (side streets) on a case by case basis.
6. Functional spacing of devices (primarily for speed cushions or humps):
  - A. 300'-400' between devices.
  - B. Not on curves/turns.
  - C. Minimum of 100' from intersections or curves/turns.
  - D. Spacing subject to adjustment for driveways.
7. Roadway must have driveways that directly access the road.
8. Roadway must be subject to through traffic - not in a "closed development".
9. Roadway must not be a principal arterial; minor arterial or major collector roadway must be a local street or minor collector (evaluated on a case by case basis)
10. Roadway character/location (rural vs. urban) – considered on a case by case basis.

*(Please print or type)*

Name of Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_  Own  
 Rent

Neighborhood Association Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from property address) \_\_\_\_\_

**In general, please describe your traffic related concern (please check all that apply):**

Time of day for concern: \_\_\_\_\_

- Speeding
- Pedestrian/Bicycle Safety
- Frequent Crashes/Collisions
- Cut Through Traffic
- Volume
- Other/Additional Information (please explain)

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**Location – Intersection/Street (s):**

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Applicant's Signature \_\_\_\_\_

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(To be completed by City of Sanford Public Works Department)

Commission District: \_\_\_\_\_ Project Assigned to: \_\_\_\_\_

Public Works Department Recommendation/Action: \_\_\_\_\_

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**Return form to: City of Sanford Public Works – P.O. Box 1788 – Sanford, Fl. 32772-1788**