APPLICATION FOR
TRAFFIC DATA COLLECTION PERMIT

SUBMIT TO: ATHENS-CLARKE COUNTY
Traffic Engineering   DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS
Attn: Steve Decker   PHONE: (706) 613-3460   FAX: (706) 613-3463
2795 Lexington Rd.
Athens, GA 30605

APPLICANT_____

ADDRESS: _____   PHONE: _____

CITY/STATE/ZIP:_____   FAX: _____

24 HOUR CONTACT PERSON: _____

MOBILE: _____   FAX: _____   _____

Data Collection Type: VIDEO ___   MANUAL ___   ROAD TUBE ___   OTHER (must specify) _____

APPLICATION IS HEREBY SUBMITTED TO PLACE EQUIPMENT SPECIFIED ABOVE FOR DATA COLLECTION AT THE FOLLOWING LOCATION(S) (Please attach a map):
_____
_____
_____
_____
_____

DATE OF COLLECTION: BEGIN_____   END _____

PURPOSE (PROJECT, & TYPE DATA): _____
_____

DATA COLLECTION REQUIREMENTS:
1. Applicant is responsible for obtaining a permit to collect traffic data on any roadway/street within Athens-Clarke County.
2. No equipment may be attached in any manner to any traffic control device (sign post, signal pole, etc.) without prior review and approval by Athens-Clarke County.
3. Applicant is responsible for providing work zone safety, which meets the standards set forth in the *Manual on Uniform Traffic Control Devices* (*MUTCD*).
4. Data collection equipment or person shall not capture any personal or recognizable information/features (picture video, etc) of the motorist/pedestrians.
5. Applicant indemnifies and hold harmless the Unified Government of Athens-Clarke County and its officers, agents and employees from all liability, loss, cost and expenses, including attorney's fees, that may result from the applicant's failure to take all necessary precautions for preventing accidents, injuries, legal identity issues, and/or damage to property.
6. Application must be received and approved a minimum of 48 hours prior to the scheduled date for data collection.

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature _____   *Date* _____

FOR OFFICE USE ONLY: _____   APPROVED   _____   DENIED
SPECIAL REQUIREMENTS/COMMENTS:

*Traffic Engineer*_____   *Date of Approval* _____