



APPLICATION FOR TRAFFIC CALMING

City of Atlantic Beach
800 Seminole Road
Atlantic Beach, FL 32233

Request for Traffic Calming Investigation

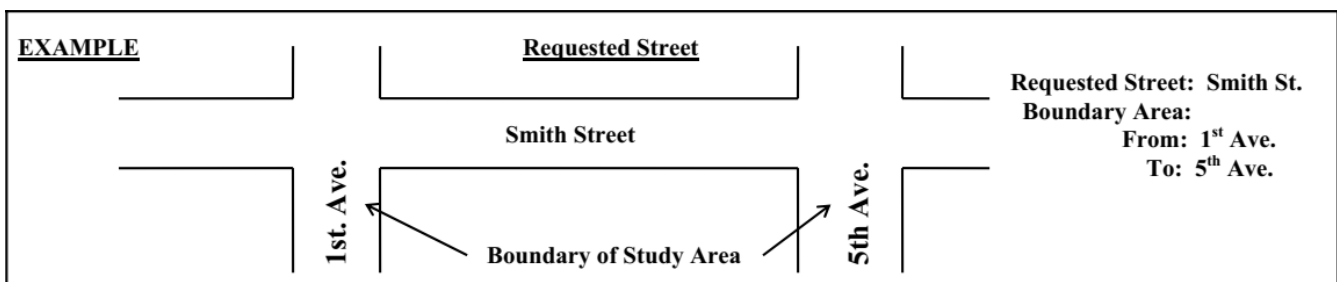
Traffic calming uses physical design and other measures to improve safety for motorists, pedestrians and cyclists. It is a tool to combat speeding and other unsafe behaviors of drivers in the neighborhoods. It aims to encourage safer, more responsible driving and potentially reduce traffic flow. Such measures include signage, lane narrowing, curb extensions, chokers, road diets, pedestrian refuges, bike lanes, sidewalks, and changing the surface material of the road, etc.

Each traffic calming request must contain the completed information as indicated. Once completed, staff will use data to review the application. Multiple departments are responsible to review and coordination of the application. If the city does not have recent traffic/speed counts the city will undertake this endeavor. Expect the entire process to take up to a month to be reviewed by staff. Not all applications will warrant traffic calming and/or improvements are budgeted.

Each request must provide the name of the street on which a study is requested and the boundaries of the street segment. Boundary limits may change at the discretion of the City. Please use the street names for boundary limits, not block ranges.

A. Street Study Information

Requested Street:	
Boundary Area FROM:	
Boundary Area TO:	



B. Contact Person Information

Each request must provide a contact person who lives on the requested street within the study area boundary. If the request is being submitted from a neighborhood association, please provide the name, address, and telephone number of the duly authorized representative of the neighborhood association. The contact person will receive all correspondence and will be responsible for gathering evidence of support.

Name:	
Address:	
Phone:	

Email:	
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I agree to be the contact person for the above request, and I understand that the outcome of the study will determine the eligibility of the determined traffic calming device, if any. I also understand I **may** be financially responsible for the instillation of the traffic calming device if warranted by the study.

C. Minimum Criteria for Traffic Calming Devices:

Signature:		Date:	
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1. Traffic calming devices will be available only on residential streets carrying fewer than 1,200 vehicles per day.
2. Traffic calming devices will be available only on streets that have a designated speed limit of 25 mph as determined in accordance with State Law, and no more than one traffic lane in each direction.
3. Traffic calming devices will not be installed on any street where 85th percentile speeds are less than 30 mph.
4. Traffic calming devices will not be installed on any street designated as a truck route or a transit route.
5. Traffic calming devices will not be installed on any street as to which there is, in the judgement of the City staff, inadequate vertical and horizontal alignment and sight distances to allow for safe instillation.
6. Traffic calming devices will not be installed on any street that is a primary access route for emergency vehicles and would cause, in the judgment of the City staff, unacceptable delay in response time to emergencies.
7. Traffic calming devices will only be installed if 55% of the owners of residences on the proposed street where the traffic calming devices (one vote per ownership) is proposed. Residents must be registered voters of Atlantic Beach.

D. Evidence of Neighborhood Support:

Provide evidence of neighborhood support for the participation of the program. The attached form can be used for this request. Evident of support must within the study area as identified in Section A. Additional copies of this page may be submitted to secure the required number of signatures.

We undersigned owners and residents of _____ hereby offer our support for our neighborhoods' participation in the traffic calming study.

Secure signature from residents at least representing at least 55% of property owners along the effected street. (Only one signature per property.) Residents signing this form must be registered voters of Atlantic Beach (copies of this form may be made if additional pages are needed).

Printed Name:		Printed Name:	
Address:		Address:	
Phone:		Phone:	
Date of Birth:		Date of Birth:	
Signature:		Signature:	

Printed Name:		Printed Name:	
Address:		Address:	
Phone:		Phone:	
Date of Birth:		Date of Birth:	
Signature:		Signature:	

Printed Name:		Printed Name:	
Address:		Address:	
Phone:		Phone:	
Date of Birth:		Date of Birth:	
Signature:		Signature:	

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Address:		Address:	
Phone:		Phone:	
Date of Birth:		Date of Birth:	
Signature:		Signature:	