

Local Road Safety Program (LRSP)

## Pre-Application Form for Intersections



### Intersection Information

Please provide a completed copy of this form for each intersection you wish to include in your application.

Road #1 Name:

Road #2Name:

Municipality/Parish:

Owner Type: (pull down menu or check appropriate box)

Parish Highway Agency

City/Municipal Highway

Agency Other: (please specify)

Parish/Municipality's Employee to be designated "In Responsible Charge" name and contact information:

### Describe the safety issue occurring at the location

## What is the existing method of intersection control?

Two Way Stop

Multi-Way Stop

Traffic Signal

Other (please specify)

## Does your Parish have a “Local Road Safety Plan”?

Yes

No

## If so, is this intersection included in your Parish’s “Local Road Safety Plan”?

Yes

No

Please attach an electronic copy or a link to your document and state the page number that references the target intersection.

## Locally generated information

Please submit any additional information/data/traffic counts/ that you have assembled on the safety issue occurring on this roadway. Please also submit any other transportation planning documents affecting this roadway. State the page number that references the target roadway.

## Recent or Pending Projects at this Location

Please attach an electronic copy or a link to any transportation planning or budgeting document where recent or pending work on this location is referenced. Also, please state the page number on which the target intersection is called out.

## Have there been any recent land development or traffic generators permitted within ¼ mile of this location?

Yes

No

Please describe the development or include a map or sketch.