



CITY OF SAFETY HARBOR TRAFFIC CALMING PROGRAM

PROJECT APPLICATION FORM:

Street Name: _____ From: _____ To: _____

Contact Name: _____ Day Phone: _____

Local Address: _____ Date: _____

Do you have an active Homeowner's Association? Yes No

If you answered yes, you must have the endorsement of the Homeowner's Association

Name of Homeowner's Association _____

Describe the location of your traffic problem. Include the worst problem area and the effects of the problem. Include street names and any other pertinent information that will assist us in the understanding the problem

Place a check mark next to all that apply. Include a brief description to help us better understand your problem.

Speeding _____

Traffic Volume _____

Accidents _____

Pedestrian Dangers _____

Difficulty leaving/entering driveways or street _____

Parking on the street _____

Traffic Noise _____

School Traffic _____

Lack of Amenities (sidewalks, crosswalks, bike lanes) _____

Other _____

Please return the completed application form to:

The City of Safety Harbor
Engineering Department
750 Main Street
Safety Harbor, Florida 34695
Telephone: 727-724-1555