

# APPLICATION FOR INSTALLATION OF TOURIST ORIENTED DIRECTIONAL SIGN (TODS)

North Dakota Department of Transportation, Maintenance

SFN 19926 (10-2018)

REF Number

## PLEASE PRINT

Applicant Name		Telephone Number	
Address	City	State	ZIP Code
Business Name			
Exact Business Name (max number of letters, characters, and spaces is 32)			

## BUSINESS OR ATTRACTION INFORMATION

Principle type of business or attraction available at the destination
Normal hours of business
Is the business or attraction open on a year-round basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, a "CLOSED" plate is required at any time the business or attraction is closed for periods exceeding 14 days.

## TYPE OF SIGN REQUESTED

<input type="checkbox"/> Right turn direction	<input type="checkbox"/> Left turn direction	<input type="checkbox"/> Straight ahead (Straight ahead signs limited to tee-intersections only)
Exact location of sign		
<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W side of ND Highway _____		
a distance of _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from the nearest milemarker number		

## EXACT LOCATION OF BUSINESS

The intersection of the road going to the business is _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ND Highway _____
Does the business, service or activity comply with all local and state laws and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No

I, the undersigned, accept the terms and conditions of the rules of the North Dakota Department of Transportation and the laws of North Dakota and agree to fully comply therewith to the satisfaction of the North Dakota Department of Transportation. I understand that the sign posts, when erected, become the property of the North Dakota Department of Transportation. I further certify that all of the information stated in this application is true and correct.

Applicant's Signature	Date
Submit application and a check for \$25 permit fee for each direction. Make checks payable to NDDOT.	

**LOCATION SKETCH SPACE** (Submit sketch of highway showing proposed sign location and business location.)

<div style="text-align: center;">N ↑</div>	
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**CONTRACTOR'S INFORMATION (Must be included with submittal)**

Contractor's License Number	Expiration Date of Contractor's License	Expiration Date of Contractor's Bond
Contractor's Signature		Date
Effective November 24, 2008, the Contractor shall be required to wear an ANSI/ISEA 107-2004 Class II high visibility garment while within the highway right-of-way as per the requirements of 23 CFR 634.		

**DEPARTMENTAL USE ONLY**

District	Permit Number	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
Permission is granted for the erection of the sign as described in this application.		
District Engineer Signature		Date

**SPECIAL INSTRUCTION:** A copy of this permit must be furnished to the contractor selected to erect the sign, therefore, send the contractor's copy to the sign applicant.