ACCEPTANCE OF TRAFFIC SIGNAL MAINTENANCE AND TIMING BY CONTRACTOR DURING CONSTRUCTION AND BURN-IN PERIOD

Project Location(s):

► _______________________________________________________________________________
► _______________________________________________________________________________
► _______________________________________________________________________________
► _______________________________________________________________________________

Owner ______________________________
Contract No. ________________          BCTED/HCED Project No. __________________
Project Commencement Date: ________________         FDOT Project No. __________________

The undersigned contractor shall assume maintenance responsibilities, including signal timing, video/vehicle detection and systems communications with the Traffic Management Center for the above described project locations, during the construction period and subsequent Burn-In Period, and until such time as the Broward County Traffic Engineering Division (BCTED) and the City of ___________________________ conducts a final inspection and BCTED agrees to accept maintenance and timing of the installations. All existing signalization equipment is assumed to be in good working order unless BCTED is notified in writing prior to the start of construction. Any subsequent damage to the signal equipment, including mast arm and strain pole structures shall be repaired by the contractor at the contractor’s expense.

Formal acceptance of this maintenance agreement is made by a responsible representative of the contractor and the BCTED Director and it was mutually agreed by all of the representatives that the contractor maintenance period will begin on _____________ (date) at ____________ (time).

___________________________________________            ____________      __________
Signature of Contractor's Representative          Date         Time

___________________________________________ ______________________________
Title                          24 Hour Contact Name
___________________________________________ ______________________________
Contractor Company Name          24 Hour Contact Telephone No.
___________________________________________            ____________      __________
Signature of BCTED Director (or Designee)          Date         Time