



**CITY OF HELENA - NEIGHBORHOOD TRAFFIC CALMING PROGRAM  
Application**

**COVER SHEET**

(Complete the top portion only)

Name of Applicant Group or Neighborhood Organization: \_\_\_\_\_

Contact Person(s):

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**ACTIONS (to be completed by city staff, with date that the action was completed)**

1. Application received: _____	
a. Number of signatures: _____ percent of households: _____	
2. Steering Committee discusses full application: .....	_____
3. Initial traffic study completed: .....	_____
4. Meeting with neighborhood about strategies: .....	_____
5. Decision to install temporary devices: .....	_____
6. Installation of temporary devices: .....	_____
7. Second traffic study completed: .....	_____
8. Feedback to neighborhood on temporary traffic calming devices: .....	_____
9. Decision to proceed with permanent traffic calming devices: .....	_____
10. Source for matching funds identified (if by SID, complete a thru d)	
a. Petition received by City to create SID for permanent devices:	_____
Method: 50% of property owners: _____ 60% of households: _____	
b. Request to create SID submitted to City Commission: .....	_____
c. City Commission hearing on SID request: .....	_____
d. City Commission approval: .....	_____
11. Bids for construction solicited: .....	_____
12. Bid awarded: .....	_____
13. Construction completed: .....	_____

(Continue with application on following pages)

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(Feel free to ask for assistance before completing)

1. Describe the traffic conditions that you feel are not acceptable.

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2. Describe the location of the traffic problem, including an estimate of the overall length of the affected area. Describe the boundaries of the affected area. This is the area within which all property owners need to be asked to support a Special Improvement District if a permanent traffic calming device is deemed necessary. Please attach a map from Google or another suitable location. Be sure to include street names and other identifying landmarks.

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3. Rank the characteristics of the traffic problem on a scale from one to ten. (1 = least important and 10 = most important) For characteristics rated 5 or higher, provide additional information that you believe is relevant (time when problem occurs, local or cut-through traffic, unsafe road conditions, etc.).

- \_\_\_\_\_ Speeding
- \_\_\_\_\_ Parking
- \_\_\_\_\_ Accidents (describe what you have observed)
- \_\_\_\_\_ Danger to pedestrians/bicyclists **using** the street
- \_\_\_\_\_ Danger to pedestrians/bicyclists **crossing** the street
- \_\_\_\_\_ Difficulty entering/leaving driveway or street
- \_\_\_\_\_ Traffic Volume
- \_\_\_\_\_ Traffic Noise
- \_\_\_\_\_ Other (please explain)

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4. What information has already been collected to verify that the problem exists?  
(traffic studies, resident observations, crash history - City staff can assist with this)

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5. What level of public involvement has taken place so far concerning this project?  
(check all that apply and provide supporting documentation)

\_\_\_\_\_ Petition circulated with signatures representing \_\_\_\_\_ households  
(Please use the Helena Neighborhood Traffic Calming Program petition.)

\_\_\_\_\_ Neighborhood meetings were held as described below.  
(Attach minutes and attendance lists.)

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\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

6. Installation of traffic calming improvements may require funding or in-kind participation by neighborhood sponsors. As sponsors, we are prepared to work with our neighbors to assure necessary support, as indicated below: *(check all that apply)*

\_\_\_\_\_ Special Improvements District

\_\_\_\_\_ Private Contributions or Fund-raising as match

\_\_\_\_\_ Neighborhood will pay entire cost of project

\_\_\_\_\_ Other: \_\_\_\_\_

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Please return this application, with the Cover Sheet, petitions, and supporting documentation to:

Helena Traffic Calming Program  
Transportation Systems Department  
City of Helena  
3001 E. Lyndale Avenue  
Helena, MT 59601

**CITY OF HELENA - NEIGHBORHOOD TRAFFIC CALMING PROGRAM**  
**Petition**

**BEFORE YOU SIGN THIS PETITION**, please read through the following information. It is also recommended that you read the City of Helena - Neighborhood Traffic Calming Program document located on the City's website.

We, the undersigned residents of the area shown on the attached map, do petition the City of Helena to develop a Traffic Calming project at \_\_\_\_\_  
\_\_\_\_\_.

All persons signing this petition acknowledge that it is the City's policy to encourage project sponsors (petitioners and affected property owners) **to participate in costs for permanent improvements** implemented through a traffic calming project. **All persons signing this petition** do hereby certify that they reside or own property within the area impacted by the proposed traffic calming project as shown on the attached map.

SIGNATURE	PRINT NAME	PRINT STREET ADDRESS
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____

Date Submitted to City of Helena - Neighborhood Traffic Calming Program Staff: \_\_\_\_\_