

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
TEMPORARY LANE/ROAD CLOSURE PERMIT**

County: _____ City: _____

Name of Event / Purpose of Closure: _____

Description of Closure (*from where to where*): _____

Length of Closure: _____ mi.+/- Date of Closure: _____ Time of Closure: _____

Requester: _____ Telephone: _____
(name of person)

Requester Address: _____

Responsible Law Enforcement Agency: _____

Law Enforcement Contact: _____ Telephone: _____
(name of person)

Responsible Local Government: _____

Local Government Contact: _____ Telephone: _____
(name of person)

Liability Insurance Amount = \$1,000,000.00

(attach proof of insurance)

Terms/Conditions

- Requester *shall* be responsible to properly close the lane/road according to the **Manual on Uniform Traffic Control Devices**.
- Requester *shall* be responsible to provide all necessary traffic control using the appropriate law enforcement agency or individuals trained in traffic control as set forth in GS# 20-114.1.
- Event *shall* be supported or endorsed by local governing body.
- Requester *shall* be responsible to notify all emergency services and others of the impending closure.
- Requester *shall* provide the Department with appropriate **map(s), traffic control sketches, detour route, and proposed signing**.
- After completing this form, requester *shall* print, sign, date, and return it to the following:

Division Traffic Engineer
North Carolina Department of Transportation
253 Webster Road
Sylva, NC 28779

Since public safety and travel *will not* be adversely affected, this permit is...

Requested By: _____

Date: _____

Approved By: _____

Division Traffic Engineer

Date: _____

CC: Division Engineer
District Engineer
Resident Engineer
Bridge Maintenance Engineer
Roadside Environmental Engineer
Bituminous Supervisor
State Highway Patrol