



City of Charleston, WV

Traffic, Parking and Transportation Department

Temporary Street and Sidewalk Closure Permit Application

Applicant Name: _____ Date: _____

Applicant Phone Number: _____ Applicant Email: _____

Contracting Company Name: _____

Contracting Company Address: _____

Facility/Property Owner Name: _____

Location (by city block) of requested street and/or sidewalk closure: _____

Description of Work/Activity: _____

Start Date: _____ End Date: _____

Time of Day: from _____ to _____

Work Zone Dimension: Length (ft.): _____ Width (ft.) _____

Lane Closure/Detour Description: _____

Required Traffic Control Plan Attached: _____

STAFF USE ONLY

Permit Fee: _____

Traffic Engineer Approval: _____ Date _____

Police Chief Approval: _____ Date _____

Fee Payment Collection By: _____ Date _____

Mail, fax or email completed application to:

City of Charleston

Department of Traffic, Parking and Transportation

612 Washington Street, E., Charleston, WV 25301

Fax: 304-348-1093 Email: tp&t@cityofcharleston.org

Allow seven (7) days for permit processing and approval