



Building Inspections Department
440 South Church Street, Spartanburg, SC 29306
Phone: 864-596-2041 Fax: 864-596-2833
bbush@cityofspartanburg.org or cteague@cityofspartanburg.org

PERMIT # _____ FEE: \$ 40.00
DATE: _____

TEMPORARY STREET CLOSURE/ENCROACHMENT

**APPLICANT IS RESPONSIBLE FOR ALL TRAFFIC CONTROL DEVICES
AND SET-UP**

This application is for temporary street closures or encroachment of streets, sidewalks, alleys, parking spaces and paths within the City of Spartanburg Right-Of-Ways. Requirements are as follows prior to issuance of permit:

1. Certificate of Liability in amount of \$1,000,000.00
2. Surety Bond in the amount of \$5,000.00
3. Hold Harmless Agreement
4. Must include a Traffic Control Plan (Randall Farr-864-596-3741)
5. SCDOT permit if location is a State Road (864-587-4720)

APPLICANT NAME _____ PHONE _____
E-MAIL _____
JOB-SITE CONTACT _____ PHONE _____

ADDRESS OF CLOSURE/ENCROACHMENT _____

REASON FOR CLOSURE: CRANE _____ CONSTRUCTION VEHICLES OR EQUIPMENT _____
DELIVERY'S _____ STREET MAINTENANCE _____ EXTERIOR BUILDING MAINTENANCE _____

CHECK ONE: PARTIAL/ONE LANE CLOSURE _____ FULL STREET CLOSURE _____ SIDEWALK _____
RIGHT OF WAY _____ ALLEY _____ PATH _____ OR OTHER _____

DATE OF CLOSURES: FROM _____ TO _____

TIME OF CLOSURE: FROM _____ TO _____

TRAFFIC CONTROL PLAN APPROVED BY _____ DATE _____

BUILDING DEPARTMENT APPROVED BY _____ DATE _____

I CERTIFY THIS INFORMATION IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES/STATE LAWS AND ANY OTHER SPECIAL CONDITIONS IMPOSED BY THE CITY OF SPARTANBURG. I UNDERSTAND IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO PERFORM ALL NECESSARY REPAIRS AND/OR CLEAN UP STREET(S) AND ADJACENT PROPERTIES.

APPLICANT SIGNATURE _____ APPLICANT NAME (PRINT) _____