



Traffic Calming Application

Primary Contact Information

Name *Email Address* *Phone Number*

Street Address *Zip Code*

Specify the Location and Concerns

The City of Spartanburg will evaluate the need for traffic calming on a street by street basis; a separate application must be submitted for any adjacent streets. Please define your street:

_____ from _____ to _____
Your Street *Cross Street* *Cross Street*

Please provide detailed information about concerns on your street:

Please attach sheet or use back of application if additional space is needed.



 Signature Date

Additional signatures are required from residents who reside on the same street in order to process the application.

 Signature Address

 Signature Address

Return the completed application to: Community Services Department City Hall, 145 W. Broad Street Rm. 103
 * Mailing address: PO Box 1749 Spartanburg SC 29304 * Email to: khill@cityofspartanburg.org
 *864.596.2052 – Office 864.562.4119 – Fax