



Temporary Closure Permit Application

City-County Development Services Center

101 City Hall Plaza, Durham, NC 27701 | temporaryclosures@durhamnc.gov | 919-560-4137

Planning

Submit two (2) weeks in advance of scheduled start date, for work.

Questions: temporaryclosures@durhamnc.gov

Submittal portal <https://dsc.durhamnc.gov/290/>

SECTION I. PERMIT APPLICATION DIRECTIONS

1. Submit application form and Closure Plan for review. The applicant is the individual who is responsible for the temporary closure (contractor, property/homeowner, etc.). All sections must be completed. If a section (or part of a section) does not apply to your request, please mark the section (or part of the section) as "N/A".
2. Once completed submit Application and Closure Plan here <https://dsc.durhamnc.gov/290/Temporary-Closure-Permit-Application>
3. Once approved applicants will be notified via email with instructions on how to make payment. Fees must be paid before permit can be issued. Acceptable forms of payment include credit (VISA/MC/Discover/AMEX) or e-check.
4. A copy of the Closure Permit is required to always be kept on site. All structures (i.e., Dumpsters, PODs, etc.) stored in the ROW must have a copy of the issued permit always attached to them.

SECTION II. CLOSURE PLAN REQUIREMENTS (REQUIRED FOR ALL APPLICATIONS):

- The Closure Plan must include:
 - Description of closures and associated locations (provided on minimum size of 8.5"x11").
 - Detour plan with associated markage/signage plan where travel paths are blocked (provided on minimum size of 8.5"x11").
 - Closure Plan should include location in relation to the nearest intersection, as well as work to take place or type of structure to be placed in the closed area.
 - Provide any potential overlap from special events (contact John Horton John.Horton@durhamnc.gov) and scheduled of adjacent construction; and Bus or train routes with an explanation of the associated effects.

SECTION III. CLOSURE PERMIT LIMITATIONS:

- NCDOT lane closures require concurrent review by NCDOT within the City of Durham.
- Typically, temporary road closure hours are from 9am-4pm
- Closures allowed during special events are reviewed on a case-by-case basis.
- Blocking of bus stops and fire lanes is not permitted under this permitting process.
- Special events permit (i.e., Block Parties, Parades, etc.) is a separate process and will require a separate application that can be found at this link <https://www.durhamnc.gov/specialevents> or by emailing John.Horton@durhamnc.gov.

SECTION IV. DAMAGES TO THE ROW:

- The ROW will be inspected for damages. If damages are found, the applicant will be responsible for all repairs associated with the permit closure and work completed under this permit.

SECTION V. DUMPSTER, STORAGE, AND POD REQUIREMENTS:

- Provide documentation for why the dumpster cannot be placed on private property rather than the ROW.
- Dumpster **must have** a license plate with Dumpster company phone number/website.
- Dumpsters are to be placed along the side of the street at the property address provided on the application.
- The dumpster must be placed at least 50' away (unless circumstances require an exception) from the nearest intersection, to provide smooth traffic operation.
- The dumpster shall not block neighborhood traffic, driveways, or pedestrian walkways.
- If traffic mobility complaints are received about the location of the dumpster on the street, it will need to be relocated to the driveway of the property or be removed.
- Red reflective devices shall be used to allow visibility to traffic (reflective devices may either be attached to the dumpster or on a barricade placed adjacent to the dumpster with reflective cones).

PERMIT INFORMATION (TO BE COMPLETED BY APPLICANT):**Applicant Information:**

Applicant:		Company:	
Email:		Phone:	

Dates of closure:		To	
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Project address, cross streets or other location identifiers (location of closure):

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SEE [TRANSPORTATION COMPREHENSIVE PLAN](#) FOR INFORMATION TO DETERMINE R.O.W. AND ROAD TYPE

Closure of (select all that apply):	<input type="checkbox"/> City ROW, <input type="checkbox"/> NCDOT ROW, <input type="checkbox"/> City/County Property
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Total days closed:	
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Select all closure types for this permit:

Closure type	Time/Days Closed	Quantity	Length (Linear Feet)
Major Thoroughfare Lane Closure		Lanes	Lf
Other Street Lane Closure		Lanes	Lf
Sidewalk Closure		Sides	Lf
Parking Space Closure (Metered)		Spaces	Lf
Parking Space Closure (Unmetered)		Spaces	Lf

Fees per closure type (select all that apply) \$130 Base fee plus 4% surcharge, for processing, will be added:

<input type="checkbox"/> Lane	<input type="checkbox"/> Major Thoroughfare (\$70.00/ day/ lane), or <input type="checkbox"/> Other Street (\$20.00/ day/ lane)
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Design District (\$10.00/ day/ side), or <input type="checkbox"/> Other District (\$2.00/ day/ side)
<input type="checkbox"/> Unmetered Parking	<input type="checkbox"/> (\$15.00/day/ space) Monday-Sunday Transportation will do a Site visit to verify the number of spaces that should be charged.
<input type="checkbox"/> Metered Parking	<input type="checkbox"/> (\$15.00/day/space) Monday-Sunday Transportation will do a Site visit to verify the number of spaces that should be charged.

For Dumpster Permit Only:

Plate # with Dumpster Company (include phone number and website):	
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Description of work to be completed during closure:

<input type="checkbox"/> Storage (Dumpster/POD/etc.)	<input type="checkbox"/> Construction Drawing # / Activities : _____
<input type="checkbox"/> Building Permit #: _____	<input type="checkbox"/> Site Plan #: _____
<input type="checkbox"/> OTHER: _____	

Additional Comments:

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APPLICATION REQUIREMENTS NOTE:

I certify that all the information included on this application and attached documentation is complete and accurate, and I understand that any omissions will result in disapproval of this application. I understand fees will be charged for review for omissions resulting in disapproval of initialed requirements for applications at the full rate of the initial review.

Signature: _____ **Date:** _____

SIGNOFF (FOR OFFICE USE ONLY):

Development Services Center Signoff:		Date:	
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