



# Temporary Closure Permit Application

Development Services Center

City-County Development Services Center

101 City Hall Plaza, Durham, NC 27701 | [temporaryclosure@durhamnc.gov](mailto:temporaryclosure@durhamnc.gov) | 919-560-4137

## SECTION I. PERMIT APPLICATION DIRECTIONS

1. All applications for a temporary closure of a Right of Way (ROW) require a Closure Plan (see Section II of this application). The application will not be accepted without a Closure Plan.
2. The applicant is the individual who is responsible for the temporary closure (contractor, property/home owner, etc.)
3. Submit an application form and Closure Plan for review.
4. **Submit 72 hours in advance of work (scheduled start date).**
5. Submit to the Public Works Desk of the Development Services Center on the Ground Floor of City Hall or by email at [TemporaryClosures@Durhamnc.gov](mailto:TemporaryClosures@Durhamnc.gov) .
6. Please fill out all sections of this application. If a section (or part of a section) of this application is not applicable to your request please mark the section (or part of the section) as "N/A".
7. When the permit is ready for pick up the applicant will be notified by an email with total amount of fees due.
8. Fees must be paid at permit pickup. Acceptable forms of payment include credit (VISA/MC/Discover/amex), cash, or checks made out to: the City of Durham
9. A copy of the Closure Permit is required to be kept on site at all times and all structures (i.e., Dumpspters, PODs, etc.) stored in the ROW must have a copy of the issued permit must be attached at all times.

## 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 [Rosemary.Kearney@durhamnc.gov](mailto:Rosemary.Kearney@durhamnc.gov) ) and schedules 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.
- City street closure hours are from 9am-4pm, Monday through Friday.
- 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 permits (not development related) is a separate process and application that can be found at this link <https://durhamnc.gov/699/Events-Permit> or by contacting Rosemary Kearney by email at [Rosemary.Kearney@durhamnc.gov](mailto:Rosemary.Kearney@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.
- 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 placed as to be visible 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:**

Contact person:		Company:	
Email Address:		Phone:	

**Dates of closure:** \_\_\_\_\_ To \_\_\_\_\_

**Street Name closure is on:** \_\_\_\_\_

**Project address, cross streets or other location identifiers:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Closure of** (select all that apply):  City ROW,  NCDOT ROW,  City/County Property

**Total days closed:** \_\_\_\_\_

**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

**Applicable fees per closure type(select all that apply):**

<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 Space:	<input type="checkbox"/> Design District (\$5.00/ day/ space),	or	<input type="checkbox"/> Other District (\$2.00/ day/ space)
<input type="checkbox"/> Metered Parking Space:	<input type="checkbox"/> \$1.50/hr/day/space (7am- 4pm) Monday-Friday,	or	<input type="checkbox"/> \$16.50/day

**Total (As Applicable):**

\$125.00 Base Fee + \$\_\_\_\_\_ Closure + \$\_\_\_\_\_ 4% Technology Surcharge = \$\_\_\_\_\_ Total (Due at Pickup)

**Description of work to be completed during closure:**

Storage (Dumpster/POD/etc.),  Construction Activities \_\_\_\_\_,

Building Permit #: \_\_\_\_\_,  Site Plan #: \_\_\_\_\_,  Construction Drawing #: \_\_\_\_\_,

Other: \_\_\_\_\_.

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION REQUIREMENTS NOTE:**

I certify that all of 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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