



**DEPARTMENT OF TRANSPORTATION  
Temporary Right-of-Way Closure Payment Form**

***Permit application will not be processed until receipt of payment is received. Permit fee is non-refundable/transferrable.***

**DATE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**TOTAL PAYMENT INCLUDED:** \_\_\_\_\_

**ACCOUNT: 014120-42406**

**FEE SCHEDULE**

Full Street Closure	Review Type	Review Fee	Daily Closure Fee
	CBD Facility	\$200	\$110
	Major Facility	\$200	\$75
	Minor Facility	\$200	\$65
	Local Facility	\$200	\$25

Peak period additional \$115 per peak period AM or PM

Lane Obstruction	Review Type	Review Fee	Daily Closure Fee
	CBD Facility	\$200	\$95
	Major Facility	\$200	\$60
	Minor Facility	\$200	\$50
	Local Facility	\$200	\$10

Peak period additional \$100 per peak period AM or PM

Sidewalk Obstruction	Review Type	Review Fee	Daily Closure Fee
	Sidewalk Closure	\$25	\$50

On Street Parking Obstruction	Review Type	Review Fee	*Daily Fee per Meter
	Parking Space Obstruction	\$25	\$10

**\*Daily fee excludes weekend and holiday at metered parking spaces**



## TEMPORARY RIGHT-OF-WAY CLOSURE

*Permit to block a sidewalk and/or street shall be issued in accordance with all requirements of the Manual on Uniform Traffic Control Devices Handbook*

Application must be returned to City of Winston-Salem Department of Transportation and shall be accompanied by a paid receipt from the City Revenue Office

Applicant: \_\_\_\_\_

Applicant Type:       Agent     Contractor     Event Organizer     Owner

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

The requested closure is for:       Construction       Special Event

1. Date of Closure: \_\_\_\_\_ Time: \_\_\_\_\_

2. Closure location: (Map clearly indicating closure must be included) \_\_\_\_\_  
\_\_\_\_\_

3. Closure Type:

Lane(s) Please describe \_\_\_\_\_

Parking Spaces      Number of spaces \_\_\_\_\_

Full Closure

Sidewalk Only

**I certify that the above information submitted is true and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date