

**Charlotte Department of Transportation  
Public Service & Communications Division  
600 E. Fourth Street  
Charlotte, NC 28202**

**BLOCK CLOSING PETITION**

**Plan your activity in advance. Street closings require a completed petition at least four weeks prior to your event to ensure time for proper review. Petitions submitted with less than four weeks before your event may not leave time for all agencies to review and may result in denial of your event.**

Date of Closing: \_\_\_\_\_ Hours: \_\_\_\_\_

Rain date: \_\_\_\_\_ Hours: \_\_\_\_\_

Street: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Cross Street) (Cross Street)

Type of Event and Activities: \_\_\_\_\_  
\_\_\_\_\_

Petition Filing Date: \_\_\_\_\_

Petitioners' Street Closing Agent: \_\_\_\_\_  
(Please Print)

Address and Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**TO BE READ BEFORE SIGNING PETITION:** Before signing this petition, I have read a copy of the "requirements for Approval of Street Closing Petition and Conditions Which Apply Upon Acceptance of Petition", I understand that all the requirements and conditions in that document are incorporated by reference into this petition. My signature constitutes my personal approval, acceptance, authorization, liability, and compliance with all those requirements and conditions.

Signature: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Fax the form and petition to CDOT at 704-336-4400 or mail to CDOT.