



CITY OF MARION

194 N. Main Street • P.O. Drawer 700 • Marion, NC 28752

Public Works Department

APPLICATION FOR TRAFFIC CALMING MEASURES

(PLEASE TYPE OR PRINT IN INK) (PLEASE COMPLETE ITEMS 1 – 11 IN THEIR ENTIRETY)

Applicant Information	1. Name:	2. Date:	
	3. Physical Address:		
	4. Telephone No.	5. Cell Phone No.	6. Email:
	7. Mailing Address (if different than physical address):	8. Applicant Signature: _____	
Type and Location	9. Type of Traffic Calming Device Requested:		
	<input type="checkbox"/> Speed Humps <input type="checkbox"/> Speed Tables <input type="checkbox"/> Chicanes Other (Specify): _____		
	10. Name of Street Where Traffic Calming Device is Requested:		
Comments	11. Comments: (Attach additional sheets if needed)		

This section to be completed by the Public Works Department	12. Date Application Received:	13. Received By:
	14. Street Classification:	15. Street Width: _____ feet
	<input type="checkbox"/> Local Residential <input type="checkbox"/> Local Residential Collector <input type="checkbox"/> Other _____	16. Street Length: _____ feet
	17. To be considered for traffic calming measures, the street should meet the criteria listed in the most recently adopted Traffic Calming Policy. <input type="checkbox"/> This street meets the criteria listed in the most recently adopted Traffic Calming Policy. <input type="checkbox"/> This street does not meet the criteria listed in the most recently adopted Traffic Calming Policy. Explanation of non-compliance issues: Signature of Public Works Director or his/her designee: _____ Date: _____	
Recommendation to approve specified traffic calming measure	City of Marion Police Chief _____ Signature _____ Date _____	
	City of Marion Fire Chief _____ Signature _____ Date _____	
	City of Marion Public Works Director _____ Signature _____ Date _____	
	Following approval by the Police Chief, Fire Chief, and Public Works Director, this recommendation shall be submitted to the City Manager for presentation to City Council.	

