



**PERMISSION REQUEST FORM
NIGHT WORK AND/OR TO CLOSE A LANE OR STREET
TOWN OF CHAPEL HILL, NORTH CAROLINA**

Request received from (Name, address, phone #):

Date Received: _____

Type of Request: _____ Work at Night _____ Close Street(s) (Check those that apply).

Will the noise ordinance limits be exceeded? _____ (Yes or No)

Type of justification submitted

Staff Review Comments: _____

Hours, dates, and location(s) that night work will be permitted (attach map): _____

Hours, dates, and location(s) that street closures will be permitted (attach map): _____

Based on the attached information and justification, we recommend that the Town Manager approve this request.

Signed: _____
Traffic Engineer Date

Approved: _____
Town Manager Date