



## CITY OF SIMPSONVILLE TRAFFIC CALMING REQUEST

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### LOCATION:

Subdivision: \_\_\_\_\_ Road Name: \_\_\_\_\_

If the road is longer than 0.5 miles, specify the section of the road requiring traffic calming: \_\_\_\_\_

\_\_\_\_\_

### APPLICANT: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### CITIZEN REPRESENTATIVE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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Description of traffic problem(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submittal Checklist\*: ☐ Signature Page (

\*Staff reserves the right to request additional information and/or materials as necessary

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I do hereby certify as the applicant that the information shown on this application and any attached forms and/or plans is correct.

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**Signature**

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**Printed Name**

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**Date**

#### FOR CITY STAFF USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Local Access Road (Y/N): \_\_\_\_\_

Study Area: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

☐ **APPROVED**

☐ **DENIED**