City of Charleston
Neighborhood Traffic Calming Program

(NTCP)

1. Neighborhood association name: _____

2. Name of street(s) to be studied per this request: _____

_____

3. Is the street located within the City of Charleston's corporate city limits? __Yes __totally __partially
__No

4. Is the street a local residential street with 90% of the properties currently zoned residential? __Yes
__No

5. Reason for the study request: _____

_____

6. Specific location where problem(s) exist (provide actual address if possible): _____

_____

FOR PROCESSING USE ONLY:

This application for Request to Study has been reviewed by the _____ Neighborhood Association. By the signatures below, the Association's officers confirm the majority support for this request by the residents specifically located or affected by the study locations detailed herein:

_____ President	_____ Treasurer
_____ Vice-President	_____ Secretary

If additional association members and/or residents are in concurrence with this request, you may provide separate sheets, as necessary, to identify their name, address, and signatures.

Upon completion, this application should be mailed to :

DEPARTMENT OF TRAFFIC & TRANSPORTATION
Attn: Traffic Calming Program
180 Lockwood Drive Extension
Charleston, SC 29403