



APPLICATION REQUEST FOR TRAFFIC CALMING

Phone: (864) 487-2560
Fax: (864) 487-2594

REQUESTOR'S NAME

DATE

Mr. Mrs.

ADDRESS

SUBDIVISION (IF APPLICABLE)

CITY

STATE

ZIP CODE

PHONE

EMAIL

ROAD REQUESTED FOR TRAFFIC STUDY:

Gaffney Blacksburg

NEIGHBORHOOD TRAFFIC CONCERNS: (Continue on back if necessary. If possible, include a street address where you believe the highest volume & speed can be recorded.)

PLEASE RETURN THIS FORM:

kristy.bradley@cherokeecountysc.com

**Cherokee County Administration
110 Railroad Ave
Gaffney, SC 29340**

FOR OFFICE USE ONLY

Requestor Name: _____

Road Name: _____

Application:

Date Received:	
Criteria Met	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Date Letter Mailed</i>	
<i>Waitlist</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i># of homes affected</i>	
<i># of signatures required</i>	
<i>Add'l Roads affected</i>	

Petition Information:

Date Received:	
Petition Met	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Date Letter Mailed</i>	
<i>Estimated Feasibility Date</i>	
<i>Feasibility Study Approved</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Petition Form (*more space if needed on Page 3*):

Property Owner	Property Address	Signature	Yes or No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Administration:

Decision Date:	
Install Date:	
<i>Date Denial Letter Mailed</i>	

