

Tactical Urbanism Permit Application

Project Name:	
Project Description:	
Project Location/Address:	
Nearby Landmarks:	
Total Square Footage of Project Area:	
Desired Start Date: Desi	ired End Date:
Project Duration: (select one)	
☐ Pop Up (1 Day or Less) ☐ Short-Term (Up to 2	Weeks) □ Long Term (Up to 1 Year)
Project Type(s): ☐ Traffic Calming ☐ F (select all that apply) ☐ Right-of-Way Clo	Parking Zone Sidewalk Zone osure Active Transportation
Sponsor Organization Group:	
Contact Name:	
E-Mail:	Phone:
Attachments Required:	
☐ Design/Concept Plan	☐ Sponsor Commitment Letter(s)
☐ Letters of Support	☐ Proof of Insurance
☐ Neighborhood Notification	

Note: Additional documentation may be required. Depending on the project type/location, other permits may be required. NDOT Staff will work with applicants to obtain any other needed permits.