

SOUTH CAROLINA

DEPARTMENT OF TRANSPORTATION

McGeeTW@scdot.org Fax 843-479-4107

Request to conduct a parade or have street(s) closed for special event in:, S	
A li a a	Contact #
Applicant:	
Mailing address:	
Sponsoring organization:	
Type of event:	
Date of event: Day of week:	
Time/Duration of event:	
Route of event/name(s) of requested street(s) to be closed	l:
The South Carolina Department of Transportation shall wa	•
Applicant	Date
City of Bennettsville Special Event Coordinator	Date
City of Bennettsville Police Chief	Date
SCDOT Resident Maintenance Engineer	Date
SCDOT District Engineering Administrator	Date