## Work in Right-of-Way Permit Application



PLEASE COMPLETE SECTION 1 OF THIS DOCUMENT. Notice of three full business days is required (weekends and holidays excluded). Send the completed application with payment to the following address: City of Salem Traffic Engineering Section 555 Liberty Street SE Room 325 Salem OR 97301-3513				For Office Use Only Traffic Permit #	
				Traffic Permit # AMANDA Permit # 24 106138 LC	
				AMANDA Permit # 24 106138 LC	
				Expedited □ Yes ⊠ No	
SECTION 1: GENERAL INFO	ORMATION				
<b>Type A</b> (Valid for 30 days)		Type B (Valid	for 10 closure	days within a 30-day	
<ul> <li>Closure of sidewalk</li> <li>Closure of local right-of-way, lane,</li> <li>Work in collector or arterial, maintal lanes</li> </ul>		☐ Closure of ✔ Closure of	d) one arterial lane one collector lan two or more arte two or more coll	ne erial lanes	
Site Address <u>4770 Turner RD</u>	SE				
Work Location <u>Turner RD and</u>	Deer Park RI	$\mathcal{D}$			
Name of Applicant <u>K&amp;E</u> Excavat	ting				
Address 3871 Langley St SE					
Day Phone (503) 399-4833		Evening Phone	(503) 949-0	219	
Email Brandon.Young@keex.ne	Fax NA				
Is applicant the contractor? • Ye	es⊡No lfno,	provide the contra	actor's contact	information.	
Name of Contractor's Contact Pe		-			
Day Phone (503) 949-0219	Evening Phone (503) 949-0219				
Email Brandon.Young@keex.ne	et	g	Fax		
Description of Work to Be Done		osure of Turne			
City Project Manager				ect Number	
ARTERIAL AND COLLECTOR DAY Requested Start Date <u>4/1/24</u>					
Requested End Date 4/15/24					
Signature of Applicant					
		USE ONLY			
Revised Date			Revised Da	ate	
		Date			





