Work in Right-of-Way Permit Application



PLEASE	COMPLETE	SECTION 1 OF	THIS DOC	UMENT.	For Office Use Only	
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					Traffic Permit #	
					AMANDA Permit #	
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		INFORMATION		l		
	d for 30 days)		Type B (Valio	d for 10 closure	days within a 30-day	
□ Closure of sidewalk			period)			
	• •	, lane, alley, or street	Closure of one arterial lane Closure of one collector lane			
Work in collector or arterial, maintaining all travel lanes			 Closure of two or more arterial lanes Closure of two or more collector lanes 			
						Site Addres
Work Locati	ion <u>Turner RI</u>	D and Deer Park R	D			
Name of Ap	plicant <u>K&EEx</u>	cavating				
Address 387	71 Langley St S	E				
Day Phone (503) 399-4833			Evening Phone (503) 949-0219			
Email Brandon.Young@keex.net			Fax_NA			
Is applicant	the contractor?	? ● Yes □ No If no,	provide the cont	ractor's contact	information.	
Name of Co	ntractor's Conta	act Person Brando				
Day Phone (503) 949-0219			Evening Phone (503) 949-0219			
Email Brand	don.Young@ke	ex.net		Fax		
Description	of Work to Be [Done <u>Close one la</u>	ne of Turner R	RD, detour oth	er lane to Deer Park	
City Project Manager			City Project Number			
ARTERIAL A	ND COLLECTO	R DAYTIME WORK I	HOURS ARE 8:3	30 A.M. TO 3:30) P.M.	
Requested S	tart Date <u>4/15/</u>	/24		rt 24hrs	_ ● a.m. □ p.m.	
-		/24			_	
Signature of Applicant			<u></u>	Date <u>3/8</u>	3/24	
		OFFICE	E USE ONLY			
Revised Date Revised Date			Revised Da	ate		
Int	Date	Int	Date	Int	Date	









