


OUTDOOR ADVERTISING SIGN PERMIT APPLICATION

Outdoor Advertising Sign Program • 4040 Fairview Industrial Drive SE, MS #2 • Salem, OR 97302

<https://www.oregon.gov/ODOT/ROW/Pages/Outdoor-Advertising-Sign.aspx>

Part 1: Applicant Information and Sign Specifications

NAME OF APPLICANT Meadow Outdoor Advertising					
MAILING ADDRESS PO Box 331					
CITY The Dalles	STATE OR	ZIP 97058	PHONE 541 296 9684	FAX 541 296 1855	E-MAIL bcasady@meadowoutdoor.com
TYPE OF LEGAL ENTITY <input checked="" type="checkbox"/> Oregon corporation <input type="checkbox"/> Individual <input type="checkbox"/> Individual, dba: " " <input type="checkbox"/> Other:					
NAME OF PERSON OR COMPANY TO ERECT SIGN Meadow Outdoor Advertising					
MAILING ADDRESS PO Box 331					
CITY The Dalles	STATE OR	ZIP 97058	PHONE 541 296 9684	FAX 541 296 1855	E-MAIL bcasady@meadowoutdoor.com
PURPOSE OF APPLICATION <input type="checkbox"/> Reconstruction of permit no.: <input checked="" type="checkbox"/> Relocation of permit no.: 8028 <input type="checkbox"/> Preexisting sign permit application (complete Supplement)			SKETCH OF SIGN, INCLUDING STRUCTURE, FACE, LIGHTING AND CONFIGURATION OF SUPPORTS. (MAY NOT RESEMBLE AN OFFICIAL SIGN - ORS 377.720) 		
SIGN FACE HEIGHT (FEET) 10	SUPPORT NUMBER AND SIZE one 20"		HIGHWAY ROUTE NUMBER 072	SIDE OF HIGHWAY West	EST. MILE POINT 2.92
SIGN FACE LENGTH (FEET) 30	SUPPORT MATERIAL steel		TOWNSHIP 07	RANGE 3	SECTION/SUBSECTION MAP NO. TAX LOT 11 5101
SIGN FACE AREA (SQ. FEET) 300	NUMBER, TYPE AND LOCATION OF LIGHTING two bottom mounted LED Holophane lights		LOCATION MARKING <input checked="" type="checkbox"/> The site is marked as follows: Stake at column location		
HAGL 20'	SIGN PANEL NUMBERS		OTHER INFORMATION <input checked="" type="checkbox"/> Sign will be posted for compensation <input checked="" type="checkbox"/> Sign will not be at the location of a business or activity open to the public		
SIGN FACE <input checked="" type="checkbox"/> Single face (SF) <input type="checkbox"/> Tri-vision <input type="checkbox"/> Back to back					
NAME OF HIGHWAY Salem Hwy. Hwy 99EB			PROPERTY OWNER NAME Strickfaden Oregon LLC		
STREET ADDRESS OF SIGN SITE 2848 Broadway St NE			MAILING ADDRESS PO Box 7356		
CITY Salem	STATE OR	ZIP 97303	CITY Salem	STATE OR	ZIP 97303

Part 2: Certification of Local Jurisdiction – zoning and compliance with local regulations

This section to be completed by the representative of the local jurisdiction. (For questions, contact ODOT OAS Program at the website, listed below form title.)

ZONING OF THE SIGN SITE (MAP AND TAX LOT INFORMATION IN THE SIGN LOCATION INFORMATION ABOVE IN PART 1)	
A. Current zoning of the sign site described on this application: _____	
B. This is a (check one): <input type="checkbox"/> Commercial classification <input type="checkbox"/> Industrial classification <input type="checkbox"/> Other (describe): _____	
C. Location was first zoned a commercial or industrial classification: <input type="checkbox"/> On or before January 1, 1973 <input type="checkbox"/> After January 1, 1973 <input type="checkbox"/> Date is unknown or cannot be determined	
D. Check if the following statement is accurate: <input type="checkbox"/> Current zoning was established as part of a comprehensive plan for the development of the overall area and not as spot or strip zoning devised primarily for the purpose of allowing outdoor advertising signs.	
COMPLIANCE WITH LOCAL REGULATIONS	
Check only one: <input type="checkbox"/> The proposed sign location and structure comply with all applicable ordinances, plans, rules, and other requirements of this jurisdiction. <input type="checkbox"/> The proposed sign location and structure do not comply with all applicable ordinances, plans, rules, and other requirements of this jurisdiction. <input type="checkbox"/> Neither of the above statements is fully accurate. A letter of explanation must be attached.	

Certification of local jurisdiction

All of Part 2, including any required attachment, is accurate based on the written information provided on this application by the applicant. (Erroneous information or improper zoning can result in permit cancellation.)		
PRINT NAME OF CITY/COUNTY REPRESENTATIVE	CITY OR COUNTY WITH JURISDICTION	
TITLE OF CITY/COUNTY REPRESENTATIVE	PHONE	FAX
SIGNATURE OF CITY/COUNTY REPRESENTATIVE X	DATE	

Part 3: Certification of applicant

The applicant or authorized representative of the applicant certifies by signing below that the information contained in this application is accurate and complete, that information was accurate and complete when the local jurisdiction signed its certification, and that no changes were made or will be made after the local jurisdiction certification. The applicant further certifies by signing that the land described in this application is not encumbered by any prohibition on this type of sign, and that highway right of way will not be crossed to access the sign or site for construction or maintenance.

PRINT APPLICANT NAME

PRINT TITLE (IF SIGNING AS REPRESENTATIVE)

SIGNATURE

DATE

X**ODOT USE ONLY**

SITE LOCATION				PERMIT INFORMATION	APPROVAL	
HIGHWAY 1 NO.	HIGHWAY 1 NAME			PERMIT NO.	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn	
SIDE	MILEPT	ES		OWNER CODE	DECISION MADE BY	
HIGHWAY 2 NO.	HIGHWAY 2 NAME			CONSTRUCTION DATE*	DECISION DATE	
SIDE	MILEPT	ES		* Failure to construct within 180 days results in cancellation of permit.	CANCELLED	
PHYSICAL DESCRIPTION				<input type="checkbox"/> Conforming <input type="checkbox"/> Non-conforming	CANCELLATION DATE	REASON
				REASON	COMMENT	
COUNTY	CITY	DISTRICT	REGION			

Do not write below this line – ODOT Permit Office Use Only

PERMIT FEE

CHECK NUMBER

DATE PAID

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