

Work in Right-of-Way Permit Application

PLEASE COMPLETE SECTION 1 OF THIS DOCUMENT.

Notice of five full business days is required (weekends and holidays excluded).
Send the completed application to developmentsservices@cityofsalem.net or:

City of Salem
Development Services
440 Church St SE, 5th Floor
503-584-4646

developmentsservices@cityofsalem.net

Mailing Address
P.O. Box 14300
Salem, OR 97309

For Office Use Only

Traffic Permit #

AMANDA Permit #

Expedited

☐ Yes ☐ No

SECTION 1: GENERAL INFORMATION

Type A (Valid for 30 days)

- ☐ Closure of sidewalk
- ☐ Closure of local right-of-way, lane, alley, or street
- ☐ Work in collector or arterial, maintaining all travel lanes

Type B (Valid for 10 closure days within a 30-day period)

- ☐ Closure of one arterial lane
- ☐ Closure of one collector lane
- ☐ Closure of two or more arterial lanes
- ☐ Closure of two or more collector lanes

Site Address _____

Work Location _____

Name of Applicant _____

Address _____

Day Phone _____ **Evening Phone** _____

Email _____ **Fax** _____

Is applicant the contractor? ☐ Yes ☐ No If no, provide the contractor's contact information.

Name of Contractor's Contact Person _____

Day Phone _____ **Evening Phone** _____

Email _____ **Fax** _____

Description of Work to Be Done _____

City Project Manager _____ **City Project Number** _____

ARTERIAL AND COLLECTOR DAYTIME WORK HOURS ARE 8:30 A.M. TO 3:30 P.M.

Requested Start Date _____ **Time** _____ ☐ a.m. ☐ p.m.

Requested End Date _____ **Time** _____ ☐ a.m. ☐ p.m.

Signature of Applicant _____ **Date** _____

OFFICE USE ONLY

Revised Date _____ **Revised Date** _____ **Revised Date** _____

Int _____ **Date** _____ **Int** _____ **Date** _____ **Int** _____ **Date** _____

SECTION 2: PERMIT CONDITIONS—TO BE FILLED OUT BY CITY STAFF

Arterial and collector daytime work hours are 8:30 a.m. to 3:30 p.m. unless otherwise required or approved by the City Traffic Engineer.

1. All work shall be done in accordance with all applicable provisions of federal, state, and local laws, ordinances, and administrative rules.
2. All work in public right-of-way and all work which is connected, directly or indirectly, to City of Salem water, sanitary sewer, or storm sewer lines shall be constructed in accordance with applicable City of Salem Standard Construction Specifications.
3. Any full street closure that restricts emergency services requires the contractor to call the City of Salem Public Works Dispatch Center at 503-588-6311 to notify of closures and re-openings.
4. Permittee shall indemnify, defend, and save harmless the City of Salem, its officers, employees, and agents from any and all claims arising out of or in connection with any work done under this permit.
5. The City Traffic Engineer, or their designee, reserves the right to deny or modify the submitted traffic control plan. Should a problem arise as a result of the approved traffic control, additional traffic control may be required at the permittee's expense.
6. This permit may be revoked at any time by the Public Works Director or their designee.

Approved Date of Closure _____

Approved Time of Closure _____

ADDITIONAL CONDITIONS OF PERMIT

Contractor shall contact these agencies 24 hours in advance of work:

- | | |
|---|---|
| ☐ City of Salem Public Works Dispatch Center
503-588-6311 for full street closure and
re-openings that restricts emergency services. | ☐ Transit district 503-588-5468 |
| ☐ School district 503-399-3100 | ☐ Traffic signal shall be turned off to flag at
intersections. Please contact your inspector at
least 5 full business days prior to the start of work. |

All traffic control shall be in accordance with the Manual on Uniform Traffic Control Devices (MUTCD), the *Oregon Temporary Traffic Control Handbook*, and to the satisfaction of the City Traffic Engineer. The traffic control indicated is approved subject to the following conditions:

Approved By _____ Date _____

Type A (Valid for 30 days)

- ☐ Closure of sidewalk
\$57
- ☐ Closure of local right-of-way, lane, alley, or street
\$114
- ☐ Work in collector or arterial, maintaining all travel
lanes
\$114

Type B (Valid for 10 closure days within a 30-day period)

- ☐ Closure of one arterial lane
\$237
- ☐ Closure of one collector lane
\$237
- ☐ Closure of two or more arterial lanes
\$317
- ☐ Closure of two or more collector lanes
\$317

An Automation Surcharge will be charged on all transactions at a rate of \$2.50 for any billing less than \$50.00 and \$5.00 per billing over \$50.00.