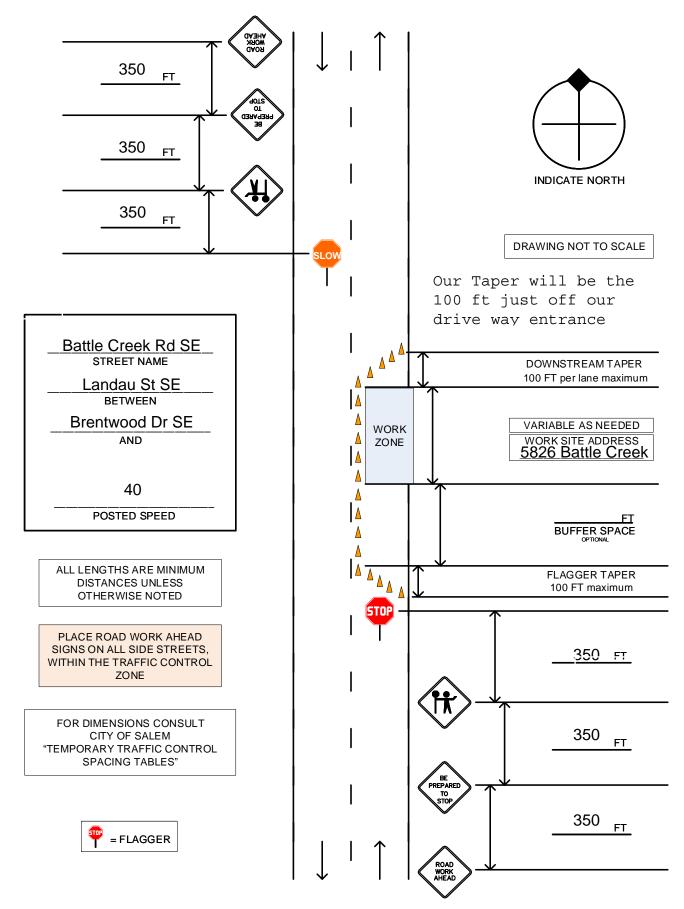
Work in Right-of-Way Permit Application



PLEASE COMPLETE SECTION 1 OF	THIS DOCUMENT.	For Office Use Only				
Notice of three full business days is required (weekends and holidays excluded). Send the completed application to developmentservices@cityofsalem.net or: City of Salem Traffic Engineering Section 555 Liberty Street SE Room 325 Salem OR 97301-3513		Traffic Permit # AMANDA Permit # 23 124173-LC 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,		t information.				
Name of Contractor's Contact Person						
Day Phone	Evening Phone					

Email				Fax		
City Project Manager						
			RK HOURS ARE 8:3 Time		<mark>/</mark> . □ a.m.	□ p.m
Requested End	d Date		Time		□ a.m.	🗆 p.m
Signature of A	Applicant			Date		
		OF	FICE USE ONLY			
Revised Date		Revised D	ate	Revised Date		
Int	Date	Int	Date	Int	Date	

TWO-WAY TRAFFIC WITH FLAGGERS



Sight distance shall be maintained at all public and private intersections and driveways. If sight distance is not achievable, prior approval by the City Traffic Engineer is required to either restrict turn movements or use flaggers and shall include coordination with the affected property/business owner(s).

⁽TCP REF) LC-101