

# 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 to [developmentservices@cityofsalem.net](mailto:developmentservices@cityofsalem.net) or:

City of Salem  
Traffic Engineering Section  
555 Liberty Street SE Room 325  
Salem OR 97301-3513

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 503-588-6333 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:

- |   |   |
|---|---|
| <input type="checkbox"/> City of Salem Public Works Dispatch Center<br>503-588-6333 for full street closure and<br>re-openings that restricts emergency services. | <input type="checkbox"/> Transit district 503-588-5468  |
| <input type="checkbox"/> School district 503-399-3100   | <input type="checkbox"/> Traffic signal shall be turned off to flag at<br>intersections. Please contact your inspector at<br>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:

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Approved By \_\_\_\_\_ Date \_\_\_\_\_

#### Type A (Valid for 30 days)

- ☐ Closure of sidewalk  
\$54
- ☐ Closure of local right-of-way, lane, alley, or street  
\$107
- ☐ Work in collector or arterial, maintaining all travel  
lanes  
\$107

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

- ☐ Closure of one arterial lane  
\$223
- ☐ Closure of one collector lane  
\$223
- ☐ Closure of two or more arterial lanes  
\$298
- ☐ Closure of two or more collector lanes  
\$298

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.