CITY OF Salem AT YOUR SERVICE
Traffic Engineering Section
Public Works Department
555 Liberty Street SE, Room 325 Telephone: 503-588-6211
Salem, Oregon 97301-3513 TTY: 503-588-6292

Central Business District—
SIDEWALK CLOSURE PERMIT

Permit Fee $.

Automation Fee $.

Total Payment $.

Permit No.

72 HOURS NOTICE REQUIRED—WEEKENDS EXCLUDED

Central Business District—Sidewalk Closure Permit

(Mission Street SE to Union Street NE and Front Street NE/SE to 12th Street NE/SE)

Street: _____

Location: _____

APPLICANT: _____ Day Phone: _____

Address: _____ Evening Phone: _____

Applicant is contractor? ☐ Yes ☐ No FAX: _____ Cell: _____ E-mail: _____

CONTRACTOR: _____ Day Phone: _____

Address: _____ Evening Phone: _____

FAX: _____ Cell: _____ E-mail: _____

Contractor's Contact Person: _____ Day Phone: _____ Evening Phone: _____

Description of work to be done: _____

Additional Permits Required: ☐ Street Opening Permit ☐ Parking Permit ☐ Sidewalk/Driveway Permit ☐ Parks Permit

Requested start date and time: ____/____/____ at _____ ☐AM/☐PM End date and time: ____/____/____ at _____ ☐AM/☑PM

1. Maximum closure of sidewalk for two weeks. Closure for extended periods requires constructing a temporary sidewalk with a minimum of a five-foot path. No facing sidewalks will be closed at the same time.
2. If work is to be extended for more than two weeks, a single one-week extension may be requested.
3. If in the specified time the permittee fails to reopen a sidewalk or construct an approved temporary sidewalk, the City of Salem may cause the opening of the sidewalk, reconstruction of the sidewalk, or installation of a temporary sidewalk at the **Permittee's** expense.
4. All work shall be done in accordance with all applicable provisions of Federal, State, and local law, ordinance, and administrative rule.
5. 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.
6. This permit may be revoked at any time by the Public Works Director or Director's designee.

Signature of Applicant: _____ Date: _____

ADDITIONAL CONDITIONS OF PERMIT
APPLICANT MUST CONTACT: POLICE AND FIRE COMMUNICATIONS CENTER (503-588-6123); AND ALL AFFECTED BUSINESSES

Date of Closure: From: _____ To: _____

Time of Closure: From: _____ To: _____

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 Sidewalk Closure indicated above is approved subject to the following additional conditions: _____

_____

_____

_____

_____

_____ Permit Approved By: _____ Date: ____/____/____

Check $ _____ Check # _____ Cash $ _____ Billed $ _____ PO # _____ Rec'd by: ____/____/____ By: _____

Original—Traffic, Copy 1—Applicant, Copy 2—Inspector, Copy 3—Parking Enforcement, Copy 4—PW Dispatch