



Oregon Department of Transportation Application for State Highway Approach

FOR OFFICE USE ONLY	Date Received Stamp
Permit Specialist _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Permit Type: New Change of Use Temporary Restricted	
Modification of Existing: Yes Deviation: Yes	
NOTES: _____	
Hwy #: _____ Milepoint: _____ Station: _____ CHAMPS ID #: _____	

Required Information

Applicant will be notified if other items are required. At a minimum, items to include with this application are:

- All attachments as required by answers on the application form.
- If applicant is not the owner, owner must concur with application by completing the Authorization of Agent block on this form or submitting a letter of authorization.
- A site sketch, and if prepared, a vicinity map.
- A copy of the current tax lot map obtained from City or County. Map must have property highlighted and list *all* owner name(s) on each of the adjacent properties. Note if ownership on adjacent property is same as applicant.
- If property has any existing entrance/exit easements on or to the property attach a copy of the recorded easement(s).
- If there are any existing Approach Road Permit(s) to the property, attach a copy of the permit(s).
- Place stakes or markings near the highway shoulder at the proposed approach location.

Definitions are found in either the attached brochure or the ODOT website located at:

<http://www.oregon.gov/ODOT/HWY/ACCESSMGT/>

Applicant Information	
Last Name: _____	First Name: _____
Company: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____ Country: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____ Country: _____
Phone Number: _____ FAX Number: _____	
E-Mail Address: _____	
Is applicant working as an Agent of the Owner? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, have owner complete Authorization of Agent section on this form, or ATTACH a letter from the owner authorizing applicant to act as his/her agent.	

Approach Location	
<small><i>Highway Name</i> – May be a statewide highway name such as Pacific Highway, or a local name like East Main Street.</small>	
<small><i>Route Number</i> - The posted highway number, e.g. I-5 or US-84.</small>	
Highway Name: _____	Route Number: _____ County: _____
Mile Point: _____	Side of Highway: North: <input type="checkbox"/> South: <input type="checkbox"/> East: <input type="checkbox"/> West: <input type="checkbox"/>
National Forest ? : Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Additional Approach Information

Application is a request for (check all that apply):

- New Approach - There is no permitted or grandfathered approach road at the proposed approach location.
- Temporary Approach – The approach will be removed after a specified period of time.
- Existing Approach - If the application is for a modification or realignment of an existing approach or if the land use will change to more intense use(s) that will increase impacts of site trips on the highway.
- Restricted Use Approach - The approach will provide vehicular access for a specific use and for a limited volume of traffic, restricted by gate or other design. Such uses are determined by ODOT and may include emergency services, government and utility uses.

Local Government Information

- I am answering this section by submitting a completed Local Government Sign-off Form.
- I am completing the following instead of submitting a Local Government Sign-off Form.

Does the proposed land use require a land use review and/or approval? Yes: No:

If yes, is the land use review:

Approved: Denied: Under Review or Appeal: Not Yet Submitted:

Current Zoning Designation: _____

Comprehensive Plan Designation, if different: _____

Proposed Zoning Designation, if different: _____

Local Government Land Use File Number: _____

Jurisdiction (City/County): _____

Local Gov't. Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Land Use

Enter the size of the land use(s) on the property, existing and proposed.

Category	Exist	Prop	Category	Exist	Prop
Residential (DU)			Conv. Market (SF)		
Medical Dental (SF)			Fast Food Rest (SF)		
Office (SF)			Gas Station (FP)		
Institutional (SF)			Other Retail (SF)		
Recreational (AC)			Lodging (R)		
Medical (SF)			Industrial (AC)		
Public Street (SN)			Industrial (SF)		
Services (SF)			Farm Field (AC)		
Espresso Stand (SW)			Other		

AC=Acre DU=Dwelling Units FP=Fuel Positions R=Rooms SF=Square Feet
 SN=Street Name SW=Service Windows

Movements

Turn movements requested (check all that apply):

All movements: OR Right In: Right Out: Left In: Left Out:

Authorization of Designated Agent

I _____ (printed name of property owner) authorize
_____ (print name) to represent me as my agent in
the matter of this application.

Signature

Date

Designated Agent Information

Last Name: _____ First Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Property Information

Property Address: _____

City: _____ State: _____ Zip Code: _____

Township, Range, Section and Tax Lot Numbers are found on the property tax statement or on
Tax Assessors' maps at the appropriate city or county offices.

Township: _____ Range: _____ Section: _____ Tax Lot Number(s): _____

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Township: _____ Range: _____ Section: _____ Tax Lot Number(s): _____

Township: _____ Range: _____ Section: _____ Tax Lot Number(s): _____

Owner Information

Last Name: _____ First Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Are there additional owners? Yes: No:

If yes, **ATTACH** name, address and same contact information as above on a separate sheet of paper.

Signature

NOTIFICATION TO APPLICANT: The ODOT District Office will contact you when your application has been reviewed. If additional documents are required to continue the application process you will be notified. When all of the necessary documents have been received, the application will be deemed complete. If your completed application is approved, preliminary construction specifications will be issued. A bond and/or insurance may be required at that time. Review the specifications carefully. You have 21 days from the date of mailing to object in writing to the specifications. Otherwise a construction permit will be issued based upon the preliminary specifications. For the complete rules regarding approach permitting, see OAR Chapter 734 Division 51.

The Applicant declares, certifies and affirms under penalty of applicable state or federal laws that all information provided on this form and attachments are true and complete to the best of his/her knowledge.

Printed Name

Signature

Date

Site Sketch

In the space provided, or on an additional sheet, draw and label a site sketch. The sketch does *not* have to be to scale.

Please indicate all applicable items from the following list:

- Place arrow in box below to indicate direction of north for site sketch orientation.
- Show distances related to access and on-site circulation. Include distance from property lines to the center of proposed approach.
- Show all lots or parcels that are part of the property, and their corresponding tax lot number(s).
- Using solid lines indicate proposed approaches, buildings, structures, equipment and other facilities.
- Using dashed lines indicate existing approaches, buildings, structures, equipment and other facilities and easements. Note any existing Approach Road permits to the property.
- Note nearest landmark or cross street, and distance and direction from the requested approach location.
- Show local streets abutting the property, the location of the edge of pavement of the highway, and location and layout of parking areas showing connections to existing driveways.
- Include location and distance to nearest approach roads on both sides of the highway for at least 500 feet.
- Place an "X" across existing approaches to be closed.

For required information that is not on or next to the subject property, include it on a *VICINITY MAP* of the area that shows road names and location of the subject property. If submitting formal plans, please include one reproducible copy no larger than 11" x 17".

A square box containing the letter 'N' in a bold, serif font, indicating North is towards the top of the page.



Local Government Land Use Sign-off Form

Subject Property Address: _____
 City: _____ State: _____ Zip Code: _____

Subject Property: Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
 Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
 Township: _____ Range: _____ Section: _____ Tax Lot(s): _____
 Township: _____ Range: _____ Section: _____ Tax Lot(s): _____

Property Owner(s): _____

Remainder of form information to be completed by local jurisdiction:

Does the proposed land use require a land use review and/or approval? Yes No
 Consult with the applicable city or county to find out if they require a planning review of the use you propose for your property.

If yes, is the land use review:
 Approved Denied Under Review Not Yet Received

Comments: _____

Type of Application(s) (Check all that apply.)
 Zone Change Site Development Plan Review Conditional Use
 PAPA (Post Acknowledged Planned Amendment) Other: _____

Current Zoning Designation: _____
 The zoning designation determines what land uses are allowed and what type of review is required to get permits for those uses.

Comprehensive Plan Designation if Different: _____
 A comprehensive plan designation may be different from the zoning designation, and will inform the owner of long-range plans that will allow different land uses in the future.

Proposed Zoning Designation if Different: _____
 Fill in if current proposal requires a zone change or plan amendment.

Local Government Land Use File Number: _____
 If there is an active or approved land use application with the city or county, fill in the number that has been assigned to the file.

City or County: _____
 Name of city or county that has land use authority (jurisdiction) for the subject property.

Contact Person: _____ Title: _____
 In most cities and counties this will be someone in the Planning office. In smaller cities and less populated counties a clerk or administrator may be the local contact.

Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Phone Number: _____ FAX Number: _____
 E-Mail Address: _____

Local Contact Person Signature

Date