

## APPLICATION AND PERMIT FOR ADOPT-A-HIGHWAY PROGRAM



See Oregon Administrative Rules Chapter 734, Division 29

			ODOT USE ONLY	
			PERMIT NUMBER	
Ar	oplicant, complete only Section 1 and send to the ap			
		AMENDMENT		
Se	ection 1: Application (Please type or print)			
	APPLICANT NAME APPLICANT REPRESENTATIVE NAME (SPOKESPERSON)			
	ADDRESS	PHONE	FAX	
	ADDRESS	FHONE	rax .	
	CITY, STATE, ZIP	E-MAIL ADDRESS		
·	PROPOSED LOCATION			
	ROUTE NUMBER AND HIGHWAY NAME	BEGIN MILE POINT	END MILE POINT	
⊢	BETWEEN OR NEAR LANDMARKS	COUNTY	SIDE OF HIGHWAY	
AN			Left Right Both	
2	PUR	POSE OF APPLICATION		
Ы	PURPOSE			
Æ	☐ Litter pick up ☐ Noxious weed removal ☐ Landscape maintenance* ☐ Graffiti removal*			
* Note: Litter pick up or noxious weed removal must be included with graffiti removal and landscape maintenance a			andscape maintenance activities.	
9	DESCRIPTION OF ACTIVITY (ATTACH DRAWING OR ADDITIONAL PAGES AS NEEDED.)			
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은	PROPOSED START DATE	PROPOSED END DATE		
	THO GOLD GIART BATE	THOI COLD END DATE		
	By signing below, the Applicant acknowledges that the Applicant is subject to and accepts the terms and provisions of			
	Oregon Administrative Rule Chapter 734, Division			
	approval, or the beginning of work whichever is les			
		ss to question any modifications of ac	dultions to the permit terms and	
	provisions made by the Department.			
		PLICANT REPRESENTATIVE TITLE	DATE	
	X			
	Section 2: Permit			
	The Applicant is granted permission to perform the Activity as described herein including any modifications or			
	attachments.	Title Activity as described herein	including any modifications of	
	attachments.			
╘	The Applicant is subject to the terms and provision	ns contained which by this reference	are made a part of this Permit.	
EN	The Applicant shall notify the Department Contact at least 48 hours before beginning the permitted Activity to obtain			
Z	material, supplies, and work area signs provided b			
return unused materials, supplies and all work area signs. Supplies and work area signs furnished by the Department Contact during regular business hours.				
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B C	A copy of this Permit must be physically available at the Activity site during on-site work.			
핕	SPECIAL PROVISIONS (ATTACH ADDITIONAL PAGES IF NEEDED)			
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O B	NO. PAGES ATTACHED DEPARTMENT CONTACT NAME	DEPARTMENT CONTACT P	HONE PERMIT EXPIRATION DATE	
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		PT DISTRICT MANAGER OR REPRESENTATIVE SI	GNATURE DATE	
	X STEE	DIMENT DIOTRIOT HOE COMM		
		RTMENT DISTRICT USE ONLY PLAN ON FILE COMMENTS		
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