



TRANSIT BENCH OR TRANSIT SHELTER OUTDOOR ADVERTISING SIGN PERMIT APPLICATION

Outdoor Advertising Sign Permits • 4040 Fairview Industrial Dr SE MS-2 • Salem, OR 97302 • (503) 986-3656

Part 1: Applicant information, sign specifications

NAME OF APPLICANT							
MAILING ADDRESS							
CITY	STATE	ZIP	PHONE	FAX	E-MAIL		
TYPE OF LEGAL ENTITY <input type="checkbox"/> Oregon corporation <input type="checkbox"/> Individual <input type="checkbox"/> Individual, dba: " _____ " <input type="checkbox"/> Other: _____							
NAME OF PERSON OR COMPANY TO ERECT SIGN							
MAILING ADDRESS							
CITY	STATE	ZIP	PHONE	FAX	E-MAIL		
TYPE OF SIGN <input type="checkbox"/> Transit bench <input type="checkbox"/> Transit shelter			ROUTE MAP <input type="checkbox"/> Transit System route map or other official document showing this is a stop on the route is included.				
PURPOSE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Reconstruction <input type="checkbox"/> New plate		SKETCH OF SIGN, INCLUDING STRUCTURE, FACE, AND CONFIGURATION OF SUPPORTS. (MAY NOT RESEMBLE AN OFFICIAL SIGN – ORS 377.720)					
OVERALL HEIGHT OF STRUCTURE AND SIGN							
SIGN FACE HEIGHT (FEET)							
SIGN FACE LENGTH (FEET)							
SIGN FACE AREA (SQUARE FEET)							
SIGN FACES <input type="checkbox"/> Single face (SF) <input type="checkbox"/> Back to back (BB)							
NAME OF HIGHWAY			HIGHWAY ROUTE NUMBER		SIDE OF HIGHWAY		ESTIMATED MILE POINT
STREET ADDRESS OF SIGN SITE			TOWNSHIP		RANGE		SECTION / SUBSECTION MAP NO. TAX LOT
CITY	STATE	ZIP	LOCATION MARKING <input type="checkbox"/> The site is marked as follows: _____				
PROPERTY OWNER NAME			OTHER INFORMATION <input type="checkbox"/> Sign will be posted for compensation <input type="checkbox"/> Sign will not be at the location of a business or activity open to the public				
MAILING ADDRESS							
CITY	STATE	ZIP					

Part 2: Certification of applicant

The applicant or authorized representative of the applicant certifies by signing below that the information contained in this application is accurate and complete. Applicant must attach official document demonstrating this, such as a route map produced by the transit system showing that the site meets this requirement. The applicant further certifies by signing that the land described in this application is not encumbered by any prohibition on this type of sign, and that highway right of way will not be crossed to access the sign or site for construction or maintenance. (OAR 734.065-0020(6))

PRINT APPLICANT NAME		PRINT TITLE (IF SIGNING AS REPRESENTATIVE)	
SIGNATURE X		DATE	

ODOT USE ONLY

SITE LOCATION				APPROVAL		PERMIT INFORMATION	
HIGHWAY 1 NO.	HIGHWAY 1 NAME			<input type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT NO.	
SIDE	MILEPT	ES	DECISION MADE BY	DECISION DATE	OWNER CODE	CONSTRUCTION DATE*	
HIGHWAY 2 NO.	HIGHWAY 2 NAME			CANCELLATION		* Failure to construct within 180 days results in cancellation of permit.	
SIDE	MILEPT	ES	CANCELLATION DATE	REASON		<input type="checkbox"/> Conforming <input type="checkbox"/> Non-conforming	
PHYSICAL DESCRIPTION				COMMENT		REASON	
COUNTY	CITY	DISTRICT	REGION				