



NHS DIGITAL BILLBOARD APPLICATION

Outdoor Advertising Sign Program • 555 13th St. NE, Salem, OR 97301
<https://www.oregon.gov/ODOT/ROW/Pages/Outdoor-Advertising-Sign.aspx>

Part 1: Applicant Information and Sign Specifications

NAME OF APPLICANT				SELECT ONE <input type="checkbox"/> Owns 10% or less relocation credit <input type="checkbox"/> Owns more than 10% relocation credit	
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 COMPANY TO ERECT SIGN			NAME AND PHONE OF EMERGENCY MALFUNCTION CONTACT PERSON		
MAILING ADDRESS			FORFEITED ACTIVE PERMITS AND RELOCATION CREDITS		
CITY	STATE	ZIP	Standings: _____		
			Credits: _____		
PHONE	EMAIL ADDRESS		DATE AND TIME APPLICATION RECEIVED (ODOT USE ONLY)		
PURPOSE OF APPLICATION <input type="checkbox"/> Reconstruction of permit no.: _____ <input type="checkbox"/> Relocation of permit no.: _____ <input type="checkbox"/> Preexisting sign permit application (complete Supplement)			SKETCH OF SIGN, INCLUDING STRUCTURE, FACE, LIGHTING AND CONFIGURATION OF SUPPORTS. (MAY NOT RESEMBLE AN OFFICIAL SIGN – ORS 377.720)		
SIGN FACE HEIGHT (FEET)	SUPPORT NUMBER AND SIZE		HIGHWAY ROUTE NUMBER	SIDE OF HIGHWAY	EST. MILE POINT
SIGN FACE LENGTH (FEET)	SUPPORT MATERIAL		TOWNSHIP		
SIGN FACE AREA (SQ. FEET)	NUMBER, TYPE AND LOCATION OF LIGHTING		LOCATION MARKING FLAG <input type="checkbox"/> The site is marked as follows: _____		
HAGL	SIGN PANEL NUMBERS		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 <input type="checkbox"/> Uses renewable energy source type: _____ If renewable energy source used, complete affidavit on Page 3.		
SIGN FACE <input type="checkbox"/> Single face (SF)	SIGN FACE SIZE <input type="checkbox"/> Poster <input type="checkbox"/> Billboard	SIGN FACE DIRECTION <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West			
NAME OF HIGHWAY			PROPERTY OWNER NAME		
STREET ADDRESS OF SIGN SITE			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

Part 2: Certification of Local Jurisdiction – zoning and compliance with local regulations

This section to be completed by the representative of the local jurisdiction. (For questions, contact ODOT OAS Program at the website, listed below form title.)

ZONING OF THE SIGN SITE (MAP AND TAX LOT INFORMATION IN THE SIGN LOCATION INFORMATION ABOVE IN PART 1)	
A. Current zoning of the sign site described on this application:	
B. This is a (check one): <input type="checkbox"/> Commercial classification <input type="checkbox"/> Industrial classification <input type="checkbox"/> Other (describe): _____	
C. Location was first zoned a commercial or industrial classification: <input type="checkbox"/> On or before January 1, 1973 <input type="checkbox"/> After January 1, 1973 <input type="checkbox"/> Date is unknown or cannot be determined	
D. Check if the following statement is accurate: <input type="checkbox"/> Current zoning was established as part of a comprehensive plan for the development of the overall area and not as spot or strip zoning devised primarily for the purpose of allowing outdoor advertising signs.	
COMPLIANCE WITH LOCAL REGULATIONS Check only one: <input type="checkbox"/> The proposed sign location and structure comply with all applicable ordinances, plans, rules, and other requirements of this jurisdiction. <input type="checkbox"/> The proposed sign location and structure do not comply with all applicable ordinances, plans, rules, and other requirements of this jurisdiction. <input type="checkbox"/> Neither of the above statements is fully accurate. A letter of explanation must be attached.	

Certification of local jurisdiction

All of Part 2, including any required attachment, is accurate based on the written information provided on this application by the applicant. (Erroneous information or improper zoning can result in permit cancellation.)	
PRINT NAME OF CITY/COUNTY REPRESENTATIVE	CITY OR COUNTY WITH JURISDICTION
TITLE OF CITY/COUNTY REPRESENTATIVE	PHONE EMAIL OF REPRESENTATIVE
SIGNATURE OF CITY/COUNTY REPRESENTATIVE X	DATE

Part 3: 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, that information was accurate and complete when the local jurisdiction signed its certification, and that no changes were made or will be made after the local jurisdiction certification. 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.

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

ODOT USE ONLY

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

Do not write below this line – ODOT Permit Office Use Only

PERMIT FEE \$	CHECK NUMBER	DATE PAID
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NHS DIGITAL BILLBOARD APPLICATION Supplement For Renewable Energy Availability

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Certification by applicant

- ☐ The sign described on the attached application located at the specific site has NO available renewable energy resource.

Including but not limited to:

- ☐ Wind energy
☐ Solar voltaic and solar thermal energy
☐ Wave, tidal and ocean thermal energy
☐ Geothermal energy
☐ The purchase of carbon credits
☐ Other: _____

Affidavit

Under penalty of perjury, I swear or affirm that the above information is complete and accurate to the best of my knowledge. I understand that false or misleading information in an application for an outdoor advertising sign permit can be grounds for cancellation of that permit (ORS 377.725), and can be punished as a criminal matter under ORS 162.

Signature of applicant: **X** _____

State of _____ County of _____

This application supplement was sworn and signed before me on _____, 20_____,
by _____

Signature of notarial officer: **X** _____ Title: _____

My commission expires: _____

Seal

ODOT Use Only