



# APPLICATION AND PERMIT FOR PEDESTRIAN ACTIVITIES ON A STATE HIGHWAY

See Oregon Administrative Rule Chapter 734, Division 58

Highway Division



Applicant: Complete only Section 1 and send to the appropriate ODOT District Manager.  
Submit at least 30 days but not more than 180 days prior to the planned activity date.

## Section 1: Application (please type or print)

|                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | ODOT USE ONLY                                             |                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | PERMIT NUMBER                                             |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | AMENDMENT                                                 |                                                                              |
| TO BE COMPLETED BY APPLICANT                                                                                                                                                                                                                                                                                                                                                                                          | APPLICANT NAME              |                                                           | APPLICANT REPRESENTATIVE NAME                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | ADDRESS                     |                                                           | PHONE                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | CITY, STATE, ZIP            |                                                           | E-MAIL ADDRESS                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Proposed Location</b>    |                                                           |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | ROUTE NUMBER / HIGHWAY NAME |                                                           | BEGIN MILE POINT                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                           | END MILE POINT                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | BETWEEN OR NEAR LANDMARKS   |                                                           | COUNTY                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                           | SIDE OF HIGHWAY                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                       | HIGHWAY REFERENCE MAP       |                                                           | Within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                           | IF YES, ATTACH CONFIRMATION LETTER FROM CITY PER OAR 734-058-0030            |
| <b>Purpose of Application</b>                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                           |                                                                              |
| PROPOSED START DATE AND TIME                                                                                                                                                                                                                                                                                                                                                                                          |                             | PROPOSED COMPLETION DATE AND TIME (UP TO 3 CALENDAR DAYS) |                                                                              |
| DESCRIPTION OF ACTIVITY (ATTACH DRAWING OR ADDITIONAL PAGES IF NEEDED)                                                                                                                                                                                                                                                                                                                                                |                             |                                                           |                                                                              |
| 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 58. Further the Applicant understands it has 30 days from permit approval, or the beginning of the Pedestrian Activity whichever is less to question any modifications or additions to the permit terms and provisions made by the Department. |                             |                                                           |                                                                              |
| APPLICANT REPRESENTATIVE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                    |                             | APPLICANT REPRESENTATIVE TITLE                            | DATE                                                                         |
| X                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                           |                                                                              |

## Section 2: Permit

|                                              |                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                   |                        |  |                        |  |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|------------------------|--|------------------------|--|
| TO BE COMPLETED BY ODOT                      | The Applicant is granted permission to conduct the Pedestrian Activity described herein including any noted modifications or attachments.                                                                                                                                                                                                                             |                                                                    |                                                   |                        |  |                        |  |
|                                              | The Applicant is subject to the terms and provisions contained which by this reference are made a part of this Permit. The Applicant shall notify the District Contact at least 48 hours before beginning the permitted Activity and within 48 hours of completion of the Activity. All on-site activities must be completed on or before the Permit expiration date. |                                                                    |                                                   |                        |  |                        |  |
|                                              | A copy of this Permit shall be physically available at the activity site during the permitted Pedestrian Activity.                                                                                                                                                                                                                                                    |                                                                    |                                                   |                        |  |                        |  |
|                                              | SPECIAL PROVISIONS (ATTACH ADDITIONAL PAGES IF NEEDED)                                                                                                                                                                                                                                                                                                                |                                                                    |                                                   |                        |  |                        |  |
|                                              |                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                   |                        |  |                        |  |
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|                                              |                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                   |                        |  |                        |  |
| NO. PAGES ATTACHED                           |                                                                                                                                                                                                                                                                                                                                                                       | DISTRICT CONTACT NAME                                              |                                                   | DISTRICT CONTACT PHONE |  | PERMIT EXPIRATION DATE |  |
|                                              |                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                   |                        |  |                        |  |
| ODOT DISTRICT MANAGER OR REPRESENTATIVE NAME |                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | ODOT DISTRICT MANAGER OR REPRESENTATIVE SIGNATURE |                        |  | SIGNATURE DATE         |  |
|                                              |                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | X                                                 |                        |  |                        |  |
| <b>OFFICE USE ONLY</b>                       |                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                   |                        |  |                        |  |
| INSURANCE AMOUNT                             |                                                                                                                                                                                                                                                                                                                                                                       | INSURANCE VERIFIED                                                 |                                                   | ENTERED IN UPERMITS    |  | COMMENT                |  |
| \$1,000,000.00                               |                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> On file <input type="checkbox"/> Enclosed |                                                   |                        |  |                        |  |