



APPLICATION AND PERMIT FOR ADOPT-A-HIGHWAY PROGRAM

See Oregon Administrative Rules Chapter 734, Division 29

Highway Division



Applicant, complete only Section 1 and send to the appropriate ODOT District Office.

Section 1: Application (Please type or print)

TO BE COMPLETED BY APPLICANT	APPLICANT NAME		APPLICANT REPRESENTATIVE NAME (SPOKESPERSON)	
	ADDRESS		PHONE	FAX
	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 ☐ Left ☐ Right ☐ Both
	PURPOSE OF APPLICATION			
	PURPOSE ☐ 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 activities.			
	DESCRIPTION OF ACTIVITY (ATTACH DRAWING OR ADDITIONAL PAGES AS NEEDED.)			
PROPOSED START DATE		PROPOSED 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 29. Further the Applicant understands it has 30 days from permit approval, or the beginning of work whichever is less to question any modifications or additions to the permit terms and provisions made by the Department.				
APPLICANT OR REPRESENTATIVE SIGNATURE X		APPLICANT REPRESENTATIVE TITLE	DATE	

Section 2: Permit

The Applicant is granted permission to perform the Activity as described herein including any 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 Department Contact at least 48 hours before beginning the permitted Activity to obtain material, supplies, and work area signs provided by the Department and within 48 hours of completion of the Activity to return unused materials, supplies and all work area signs. Supplies and work area signs furnished by the Department must be picked up and returned to the Department Contact during regular business hours.

A copy of this Permit must be physically available at the Activity site during on-site work.

SPECIAL PROVISIONS (ATTACH ADDITIONAL PAGES IF NEEDED)

TO BE COMPLETED BY DEPARTMENT	NO. PAGES ATTACHED	DEPARTMENT CONTACT NAME	DEPARTMENT CONTACT PHONE	PERMIT EXPIRATION DATE
	DEPT DISTRICT MANAGER OR REPRESENTATIVE NAME		DEPT DISTRICT MANAGER OR REPRESENTATIVE SIGNATURE X	DATE
	DEPARTMENT DISTRICT USE ONLY			
	LIABILITY RELEASE ON FILE	ENTERED IN UPERMITS	WORK PLAN ON FILE	COMMENTS