



Public Works

Permit No. RC19-

Fee: \$0.00

ROAD CLOSURE PERMIT FOR CONSTRUCTION/MAINTENANCE PROJECTS

Name of Applicant: _____ Company: _____

Address: _____ Phone: _____

_____ Cell Phone: _____

Email: _____ Fax: _____

Work being performed for: _____

Certificate of Insurance on file with Marion County? Yes [] No [] Policy No.:

Insurance Company: _____ Policy Liability Limits: _____

Project Location: _____

Purpose of

Closure: _____

Dates of Closure: From: _____ To: _____

REQUIREMENTS FOR PERMIT:

Signing Plan Attached? Yes [] No [] Detour Plan Attached? Yes [] No []

Advanced "Notice of Closure" signs placed seven (7) days prior to closure? Yes [] No []

ALLOW THIRTY DAYS FOR EMERGENCY SERVICES NOTIFICATION AND RESPONSE

The Applicant shall indemnify and save harmless Marion County, its Board of Commissioners, its officers and employees from all suits and actions; or claims of any character brought because of any injuries or damages received or sustained by any person, or property on account of the operations of the said Applicant, his/her subcontractors or the employees of either; or on account of or in consequence of any neglect in safeguarding the work; or because of any act or omission, neglect or misconduct of the said Applicant. When this application is approved by the Department, the Applicant is subject to, accepts and approves the terms and provisions contained and attached hereto.

APPLICANT SIGNATURE: _____

TITLE (Owner(s) / Agent): _____ **DATE:** _____

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COUNTY APPROVAL BY: _____

TITLE: _____ **DATE:** _____

5155 Silverton Road NE, Salem, OR 97305 – Phone: (503) 588-5036 Fax: (503) 588-7970