



O R E G O N

Marion County Public Works
Land Development Engineering & Permitting
5155 Silverton Rd NE
Salem, OR 97305
<http://co.marion.or.us/PW/Engineering/>
MCLDEP@co.marion.or.us
(503) 584 – 7714

For Internal Use Only

Permit Number: _____

Insurance Received: ☐ YES ☐ NO

Expiration Date: _____

Annual Blanket Permit Renewal Form

Company Information (Required)			
Organization Name		CCB #	
Organization is Sole Entity Yes <input type="checkbox"/> No <input type="checkbox"/>		Parent Company if not Sole Entity	
Physical Address		City	State Zip
Mailing Address (<input type="checkbox"/> Check box if same as physical address)		City	State Zip

Designated Annual Blanket Permit Contact (Required)					
First Name		Last Name		Position	
Office Address		City	State	Zip	
Email		Work Phone		Cell Phone	

Managers Overseeing Work in Marion County

Manager 1 (Required)					
First Name		Last Name		Position	
Office Address		City	State	Zip	
Email		Work Phone		Cell Phone	

Manager 2 (Preferred)					
First Name		Last Name		Position	
Office Address		City	State	Zip	
Email		Work Phone		Cell Phone	

Manager 3 (Preferred)					
First Name		Last Name		Position	
Office Address		City	State	Zip	
Email		Work Phone		Cell Phone	

Crew Foremen Expected to Work Under this Permit

Foreman 1 (Preferred)				
First Name		Last Name		Position
Office Address			City	State Zip
Email		Work Phone		Cell Phone

Foreman 2 (Preferred)				
First Name		Last Name		Position
Office Address			City	State Zip
Email		Work Phone		Cell Phone

Foreman 3 (Preferred)				
First Name		Last Name		Position
Office Address			City	State Zip
Email		Work Phone		Cell Phone

Designated Company Permit Email

Email (Required)	
Send all Utility Work in Right-of-Way (ROW) permits issued to this email:	<i>The Email listed in adjacent cell shall supersede any email on file with Marion County as the central email for all Utility ROW permit issuances. This information can be updated at any time by submitting a new form.</i>

I, as the applicant completing this form on behalf of _____, do hereby attest that the information contained therein, to the best of my knowledge, is complete, current, and accurate.

Signature

Date

☐ Insurance Included.

☐ Separate document containing required information as requested above is attached.

IF PROVIDING SEPARATE DOCUMENT WITH REQUIRED INFORMATION THIS DOCUMENT STILL MUST BE SIGNED AND DATED ABOVE.