



CITY OF PENDLETON

Engineering Department
500 SW Dorion Avenue
Pendleton, OR 97801
541 966-0203
Fax: 541 966-0251

Temporary Street/Sidewalk Closure During Construction

Date of application: _____

PLEASE PRINT CLEARLY:

Applicant's name: _____

Address: _____

Phone no: _____ E-mail: _____

Contact person: _____ Phone no.: _____

Closure start date: _____ Time: _____ Closure finish date: _____ Time: _____

Street(s)/sidewalk(s) to be closed: _____

One Lane Both Lanes Travel direction: _____

Distance from intersection: _____ Cross street(s): _____

From street: _____ to street: _____

Type of construction: _____

Permits may be issued subject to the following requirements:

1. Applicant to erect and maintain barricades and other traffic control devices at all times during construction. All traffic control devices shall meet the provisions of the USDOT/FHWA Manual on Uniform Traffic Control Devices (MUTCD).
2. Applicant to inform all neighbors of street closure, moving of parking vehicles, and inability to park.
3. Applicant shall provide a drawing showing how they plan to safely reroute vehicle/pedestrian traffic.
4. Applicant is to assure that fire hydrants are not blocked and there is adequate space for a 20 foot fire lane that is not filled with objects that can't be quickly moved (contact Fire Marshal).
5. Applicant is responsible for supervision and clean-up.
6. Applicant agrees to indemnify and hold the City of Pendleton harmless and its employees, officers and agents from any and all claims or alleged claims for damages arising out of or arising from the blocking off of the street/sidewalk by the Applicant.

Signature of Applicant

Date

| For City Engineer use only: | | |
|---|---|--|
| <input type="checkbox"/> Public Works Notified (541) 276-3078 | <input type="checkbox"/> Police Dept Notified (541) 276-4411 | <input type="checkbox"/> Fire Dept Notified (541) 276-1442 |
| <input type="checkbox"/> Arrangements made for street barricades | <input type="checkbox"/> Special requirements: (list) _____ | <input type="checkbox"/> Special requirements: (list) _____ |

Applicant to contact Clear View at 541 276-1130 for notification to the disabled

This application for street(s)/sidewalk(s) closure is hereby approved.

Signature of City Engineer

Date