CITY OF ASHLAND

Permit Fee*	
	Cost
Sidewalk/Parking <72 hrs	$16
Sidewalk >72 hrs	$71
Parking > 72 hrs	$71
Street/Alley	$216
Permit #	

*** Acceptance of fee does not deem the permit approved.**

Application For:

Right-of-Way Closure Permit

This permit covers the temporary closure of sidewalks, streets, alleys, parking spaces and paths within the City of Ashland public right-of-way. Closures on federal highways, state highways or county roads may require additional permits through ODOT or Jackson County. The applicant must submit this application along with the written temporary traffic control plan at least 48 hours prior to the proposed closure. All traffic control plans shall conform to the ODOT Temporary Traffic Control Handbook, City of Ashland Engineering Standards and the Ashland Municipal Code. The applicant is responsible for notifying the Fire Department 541-482-2770, the Police Department 541-482-5211, 911 Dispatch 541-488-2211 and the Ashland School District Transportation Department 541-482-3174 of all street closures. ***For more information call 541-488-5347.***

Owner Information

Owner's Name _____

Mailing Address _____

Phone Number _____

Contractor Information

Contractor's Name _____

Mailing Address _____

Office / Cell Phone Number _____

CCB Number _____

Applicant shall, at the Applicant's own expense, at all times during the term of this Permit, maintain in force a comprehensive or commercial general liability policy including coverage for contractual liability for obligations assumed under this Permit. Applicant shall defend, indemnify and save City, its officers, agents, and employees harmless from any and all claims, actions, costs, judgments, damages or other expenses resulting from injury to any person (including injury resulting in death,) or damage to property (including loss or destruction), of whatsoever nature arising out of or incident to the negligent activities covered under the terms of this Permit.

Applicant Name _____ Applicant Signature _____ Date _____

Applicant email _____

Site Information

Site Address _____ Block (between X & Y Streets) _____

Estimated Start Date/Time_____ Estimated Closure Duration _____

Project Information

☐ Street ☐ Sidewalk ☐ Parking Space ☐ Sidewalk ☐ Alley ☐ Path ☐ Other _____

Purpose: _____

For Staff Use Only

Received by: _____ **Approved by:** _____

Additional Conditions of Approval:

Provide traffic control plan per MUTCD standards

☐ **Pre-Qualified**

☐ **Active Business License**

DEPARTMENT OF PUBLIC WORKS
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