

CITY OF ASHLAND



*Permit Fee	\$74
Permit #	

*Acceptance of fee does not deem an application approved.

Application For:

Public Works Dust Suppressant Permit

This permit is granted for the use of a dust suppressant on a City street or alley. It does **not** cover federal highways, state highways, country roads or any road not within the city limits. The dust suppressant used must meet the City of Ashland and the Department of Environmental Quality standards. Applicant(s) **MUST** submit MSDS sheets of the material to be used. Proper warning and regulating signs and/or other safety measures must be utilized and shall remain in place for at least 24 hours following application of the suppressant. In addition the applicant must submit a 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 541-482-5211 and the Ashland School District Transportation Department 541-482-3174 of all street closures. For additional information call 541-488-5587.

This permit must be issued no less than two weeks in advance to allow time for Public Works crews to perform any needed street maintenance prior to application of the dust suppressant.

Owner Information

Owner's Name _____

Mailing Address _____

Phone Number _____

Contractor Information

Contractor's Name _____

Mailing Address _____

Office / Cell Phone Number _____

MSDS Sheets Submitted? Yes No

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 _____

Site Information

Site Address or Street Name _____

Block (between X & Y Streets) _____

Expected Start Date (not less than two weeks) _____

For Staff Use Only

Received by: _____ Approved by: _____

Additional Conditions of Approval:

Active Business License

DEPARTMENT OF
PUBLIC WORKS

20 East Main St
Ashland, Oregon 97520
www.ashland.or.us

Fax: 541-488-6006
TTY: 800-735-2900
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