



# 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 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. If fire hydrants/lanes will be blocked, please contact the Fire Department at 541 276-1442.
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 <input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Police Dept Notified <input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Fire Dept Notified <input type="checkbox"/> Phone <input type="checkbox"/> Email
<input type="checkbox"/> PSSI Notified	<input type="checkbox"/> First Student Bus Co/School Dist. Notified	<input type="checkbox"/> Public transit: Kayak/Let'erBus Notified

**\*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 or Public Works Director

\_\_\_\_\_  
Date