



Construction Maintenance Parking Permit Application

Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513

503-588-6256 * pacparking@cityofsalem.net

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

(For office use only)

Permit #:

Starting Tag #:

Ending Tag #:

Public Works Approval:

Parking Enf Approval:

Passholder information (person responsible for the permit)

| | Applicant |
|--|-----------|
| Name of passholder and company name | |
| Mailing address | |
| Phone number | |
| Email address | |

Project information

| | | |
|--|--|----|
| Type of permit | Construction maintenance (Per space: \$15/day; \$75/week; \$150/month. Based on the number of days requested.) | |
| Reason for permit and special conditions | | |
| Start and end dates requested | | |
| Number of spaces requested | | |
| Number of vehicles | | |
| Address of construction work | | |
| Parking location requested including block number and street name | | |
| Preferred space designation | Tag(s) only Parking meters bagged (allow 24 hours notice) | |
| Parking meter numbers requested | | |
| Sidewalk closure required? | Yes | No |
| Block 30 min/Load zone/Disabled space? | Yes | No |
| Lane or street closure required? | Yes | No |

Terms and conditions

Correct information: I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing the license for which I am applying.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): _____

Authorized Signature: _____

Print Name: _____ **Date:** _____