

RIGHT-OF-WAY PERMIT APPLICATION

SALEM, VA ENGINEERING DIVISION FORMS



Job Address/Location: _____

Start Date: _____ End Date: _____

Permit Type (Duration): 30 Day (Cost: \$50) 60 Day (Cost: \$100)Payment Method: Credit card payment by phone (540) 375-3032 excluding AMEX Mailing a check to PO Box 869, Salem, VA 24153 (Attn: Engineering)**IN PERSON TEMPORARILY SUSPENDED DUE TO COVID-19**Who is submitting this form and to be contacted if necessary? Contractor Property Owner

Contact Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

CONTRACTOR

Company Name: _____

 Primary Company Address: _____ Sub State Contractor's License # _____ Class: _____

Expires: _____

Description of intended work:

Please submit all necessary maps/plans (including temporary traffic control) with this application

Select all closures below that will apply for this work:

 Roadway Start _____ End _____

Detour Route _____

 Lane(s) Start _____ End _____

Details (direction, # of lanes, etc.) _____

 Sidewalk Only NONE Other _____

Road or lane closures shall only be in place from **8:30 AM - 4:30 PM** and **48 hour notice** is required prior to closing. For notifications, see contact info below. All traffic control plans must comply with MUTCD guidelines. Closures shall not remain in place overnight unless absolutely necessary and approved. Before reopening a work zone, excavations shall be 1) temporarily backfilled with appropriate materials 2) spanned entirely using steel plates or 3) permanently restored. For additional details, see page 2 of this application titled "ROW Restoration Standards" and know that by signing this application you agree to restore all disturbed Right-of-Way according to the details shown.

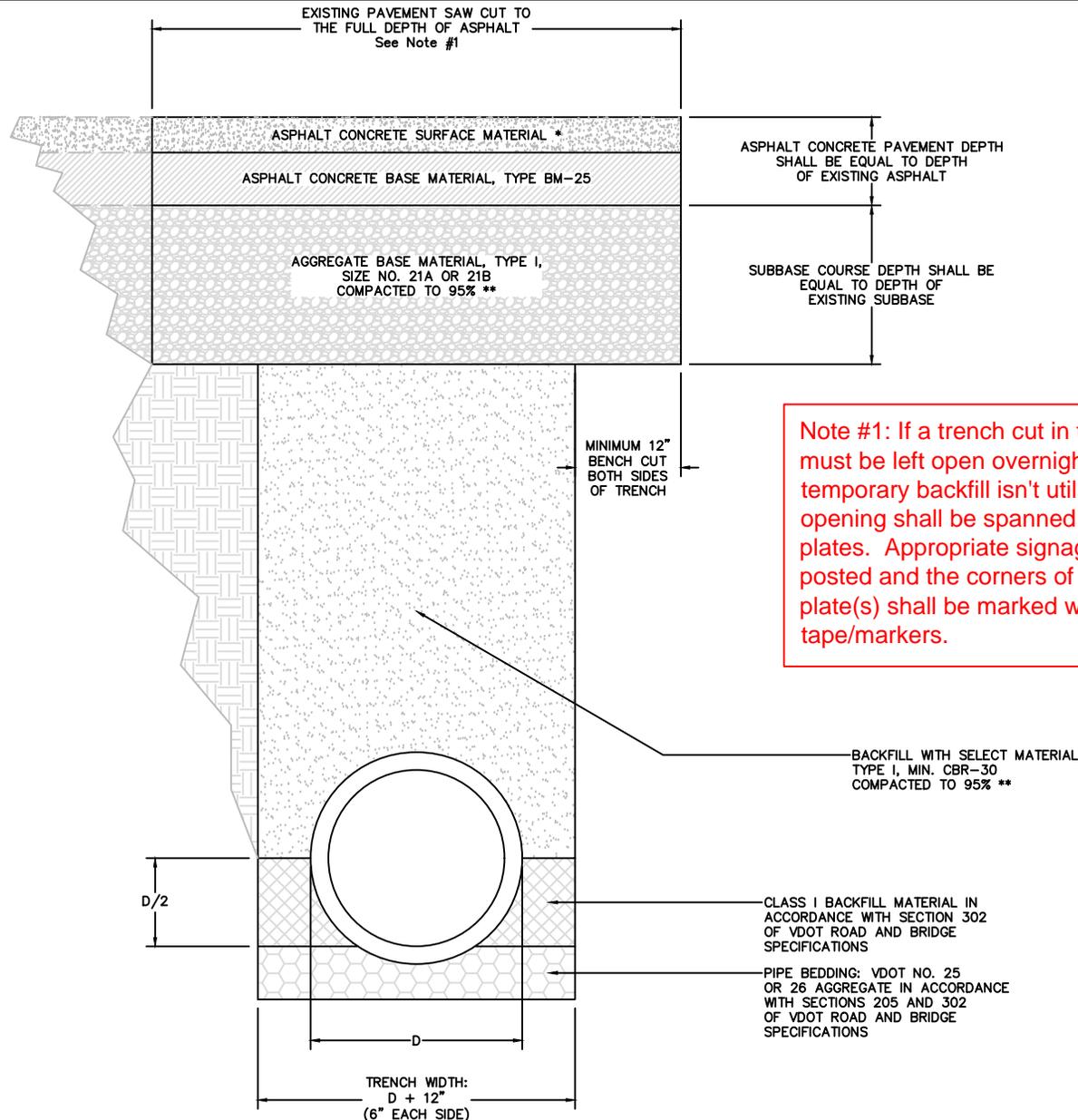
This form can be submitted electronically to communitydev@salemva.gov for expedited processing however payment options are limited to the 2 listed above and the actual permit will not be issued until payment is received.

Signature _____ Date _____



City of Salem
Engineering and
Building Inspections
Department

21 South Bruffey St.
Salem, VA 24153
(540)375-3032



Note #1: If a trench cut in the pavement must be left open overnight and temporary backfill isn't utilized, the opening shall be spanned with steel plates. Appropriate signage shall be posted and the corners of the steel plate(s) shall be marked with reflective tape/markers.

NOTE #2: COMPACTION TEST RESULTS SHALL BE PROVIDED TO THE CITY OF SALEM UPON REQUEST.

* ASPHALT CONCRETE SURFACE MATERIAL SHALL BE:
SM-9.5A IF ADT < 10,000
SM-9.5D IF ADT > 10,000

** BACKFILL COMPACTION SHALL BE DONE WITH HAND AND/OR MECHANICAL TAMPERS AND TESTED IN ACCORDANCE WITH STANDARD PROCTOR COMPACTION TEST (ASTM D698) OR MODIFIED PROCTOR COMPACTION TEST (ASTM D1557). See NOTE #2

Drawn By: JLP
Checked By: WLS
Date: 07/01/2015
Drawing Name: ROW Restoration Standards
Scale: Not to scale
Revisions:
Steel plates 5/25/17
Test results 9/6/2018
Sheet No: 2/2