



Department of Engineering & Inspections
21 South Bruffey Street
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RIGHT OF WAY PERMIT APPLICATION

Job Address/Location: _____

Approximate Job Cost: _____ Anticipated Job Start/End Dates: _____

Your Name: _____ Property Owner Contractor

Phone: _____ Fax: _____

Cell: _____ Email: _____

If Property Owner, do you reside at the job site address: Yes No

If Contractor: Company Name: _____

Company Address: _____

Company State Contractor's License Number: _____

Class: _____ Expires: _____ License Classification: _____

Description of intended work (please submit any maps/plans also): _____

If excavating, please list which method(s) will be used (open cut, directional boring, etc.) _____

Building permit related to this job: Yes No If yes, building permit number: _____

Is this permit for: 30 Days (Cost: \$50) 60 Days (Cost: \$100)

Will there be closures for this work: Roadway Lane Sidewalk None

Road or lane closures shall only be in place from **8:30AM – 4:30PM** and traffic control plans must comply with MUTCD guidelines. If a closure is necessary, please list dates: _____

APPLICANT SIGNATURE

PHONE

DATE