



City of Corvallis
PERMIT APPLICATION TO USE PUBLIC RIGHT-OF-WAY

Applicant Name: _____ Phone No.: _____

Address: _____

Representing: _____ E-Mail: _____

Event/Activity: _____

Date/Time of Use: _____

Street Right of Way to be Used: _____

Between (list streets): _____

Are you requesting to close the street to thru traffic? Yes _____ No _____

If not, request for use of (check all that apply):

Impacted Right-of-Way	Direction			
	Northbound	Eastbound	Southbound	Westbound
Vehicle Lane				
Bike Lane				
	North Side	East Side	South Side	West Side
Sidewalk				
Parking Stalls				
List Number of Parking Spaces Impacted:				

FOR CITY USE ONLY:

Date Application Received: _____