CITY OF CORVALLIS
PUBLIC RIGHT-OF-WAY PARKING CLOSURE PERMIT APPLICATION

Applicant Name: _____ Phone No.: _____

Applicant's Address: _____

Representing: _____ E-Mail: _____

Use/Activity: _____

Date/Time of Use: _____

Parking/Right of Way to be used (number and location of parking spaces):_____

_____

_____

Are you requesting "No Parking" signs? (Maximum 1 sign per parking space) Yes _____ No ____

Include/draw map of affected parking:

The permit fee is $25 per parking space per month or fraction of month

For City Use Only

Date Application Received: _____