



Marion County Public Works  
Land Development Engineering & Permitting  
5155 Silverton Rd NE  
Salem, OR 97305  
<http://co.marion.or.us/PW/Engineering/>  
[MCLDEP@co.marion.or.us](mailto:MCLDEP@co.marion.or.us)  
OREGON  
(503) 584-7714

For Internal Use Only  
Permit Number: \_\_\_\_\_  
Insurance Received:  YES  NO  
Expiration Date: \_\_\_\_\_

### Annual Blanket Permit Renewal Form

#### Company Information (Required)

Organization Name	CCB #		
Organization is Sole Entity Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent Company if not Sole Entity		
Physical Address	City	State	Zip
Mailing Address ( <input type="checkbox"/> Check box if same as physical address)	City	State	Zip

#### Designated Annual Blanket Permit Contact (Required)

First Name	Last Name	Position	
Office Address	City	State	Zip
Email	Work Phone	Cell Phone	

#### Managers Overseeing Work in Marion County

##### Manager 1 (Required)

First Name	Last Name	Position	
Office Address	City	State	Zip
Email	Work Phone	Cell Phone	

##### Manager 2 (Preferred)

First Name	Last Name	Position	
Office Address	City	State	Zip
Email	Work Phone	Cell Phone	

##### Manager 3 (Preferred)

First Name	Last Name	Position	
Office Address	City	State	Zip
Email	Work Phone	Cell Phone	

Crew Foremen Expected to Work Under this Permit

Foreman 1 (Preferred)			
First Name	Last Name	Position	
Office Address		City	State Zip
Email	Work Phone	Cell Phone	

Foreman 2 (Preferred)			
First Name	Last Name	Position	
Office Address		City	State Zip
Email	Work Phone	Cell Phone	

Foreman 3 (Preferred)			
First Name	Last Name	Position	
Office Address		City	State Zip
Email	Work Phone	Cell Phone	

Designated Company Permit Email

Email (Required)	
Send all Utility Work in Right-of-Way (ROW) permits issued to this email:	The Email listed in adjacent cell shall supersede any email on file with Marion County as the central email for all Utility ROW permit issuances. This information can be updated at any time by submitting a new form.

I, as the applicant completing this form on behalf of \_\_\_\_\_, do hereby attest that the information contained therein, to the best of my knowledge, is complete, current, and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Insurance Included.

Separate document containing required information as requested above is attached.

**IF PROVIDING SEPARATE DOCUMENT WITH REQUIRED INFORMATION, THIS DOCUMENT STILL MUST BE SIGNED AND DATED ABOVE.**