



## **Oregon Department of Transportation**

### **Application Form for Upgrade to an Existing State Highway Approach Instructions for completing the application form**

**Application Form for Upgrade to an Existing State Highway Approach (Form No. 734-5114).** This application represents the initial submission of basic information regarding your proposed upgrade. The upgrade process varies with each applicant and additional information may be required after the application is submitted. **Contact your local district office to check if your revisions are eligible under an upgrade application.**

**Application form.** Complete all boxes on the application form and attach any required items. The Application Form for Upgrade to an Existing State Highway Approach is attached to these instructions. Incomplete forms may be returned to the applicant for completion which may delay the processing of your application.

If you have questions about completing any part of this application, contact your ODOT District office for assistance. District maps and contact information are available on the [Maintenance and Operations Programs webpage](#).

Applicants may sign the application with a pen or sign electronically, and then email or send a hardcopy. All are acceptable. Submit your completed application to your ODOT District office where your application will be processed.

1. Provide applicant contact information.
2. Provide a site plan with details about the location and width of the existing and proposed approach.
3. Indicate the type of upgrade requested.
  - Rebuild Approach
  - Widen approach
  - Narrow approach
  - Change type of approach (ex. install curbs and sidewalk)
  - Define open frontage
  - Other (describe the proposed changes)
4. Provide property owner information.
5. Provide name and telephone number of ODOT District staff that authorized use of this form
6. Provide designated agent information (if applicable).
  - a. If the applicant and property owner are not the same, then the property owner must authorize the applicant to act as a designated agent on the owner's behalf.
  - b. The applicant must have the property owner complete this section or submit a signed letter from the property owner or co-owners authorizing the applicant to act as a designated agent. If there are co-owners, all the co-owners must sign a letter or letters authorizing the applicant to act as a designated agent.



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Application Form for Upgrade to an Existing State Highway Approach**

Date Received
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<b>Applicant Information</b>					
Last Name:			First Name:		
Company Name (if applicable):					
Street Address:					
City:		State:		ZIP:	
Mailing Address:				<input type="checkbox"/> Check if the same	
City:		State:		ZIP:	
Phone:		Cell:		FAX:	
Email:					
<b>Location of Proposed Approach</b>					
<input type="checkbox"/> Check if the same as the street address above					
Street Address (if established):					
City:		State:		ZIP:	
Highway Name:		Route:		Milepoint:	
Side of Highway: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West					
Township:		Range:		Section:	
				Tax Lot(s):	
<b>Type of Upgrade</b>					
<input type="checkbox"/> Rebuild approach		<input type="checkbox"/> Widen approach		<input type="checkbox"/> Narrow approach	
<input type="checkbox"/> Change type of approach		<input type="checkbox"/> Define open frontage		<input type="checkbox"/> Other:	
<b>ODOT Staff Authorizing use of this form</b>					
Name:			Phone Number:		
<b>Authorization of Designated Agent</b> <i>(If the applicant is the owner of the subject property skip to Applicant Signature.)</i>					
I/We _____ <i>printed owner(s) name</i>					
authorize _____ <i>printed applicant name</i>					
to represent me as my agent in the matter of this State Highway Approach Permit Application.					
Signature(s):				Date:	
<b>Applicant Signature</b>					
<i>I certify that to the best of my knowledge, the information on this application and the required attachments are true and correct, that I have the authority to apply for this permit, and if it is approved that throughout its operation I will be bound by the terms of OAR 734-051.</i>					
Printed name:					
Signature:				Date:	