



APPLICATION FOR WIRE LINE CROSSING OR LONGITUDINAL

Public Transportation Division
555 13th St. NE, Ste. 3
Salem OR 97301

| | | | | | |
|---|---------------|----------------|--|------|-----------------------------|
| | | | | | DATE |
| APPLICANT INFORMATION | | | | | |
| LEGAL NAME OF COMPANY OR MUNICIPALITY THAT WILL OWN THE WIRE LINE | | | | | STATE IN WHICH INCORPORATED |
| IF NOT INCORPORATED, FULL NAMES OF OWNERS OR ALL PARTNERS (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED) | | | | | PHONE |
| MAILING ADDRESS | | | | | FAX |
| CITY, STATE, ZIP | | | E-MAIL | | |
| LOCATION OF PROPOSED CROSSING | | | | | |
| QUARTER | LATITUDE (DD) | LONGITUDE (DD) | MILE POST | PLUS | |
| NAME OF NEAREST TOWN ON RAILROAD | | COUNTY | | | STATE |
| NAME OF NEAREST ROADWAY CROSSING RAILROAD | | | CROSSING IS WITHIN LIMITS OF PUBLIC ROAD OR STREET <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| SPECIFICATIONS | | | | | CARRIER |
| Kind of crossing..... <input type="checkbox"/> Electric <input type="checkbox"/> Telephone <input type="checkbox"/> Cable <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Other (<i>describe below</i>) | | | | | |
| Number of wires | | | | | |
| Volts..... | | | | | |
| Phase | | | | | |
| Cycles..... | | | | | |
| Fibers | | | | | |
| Sizes and kinds of wires..... | | | | | |
| Number of electric supply lines | | | | | |
| Length of crossing span | | | | | |
| Adjacent spans..... | | | | | |
| Appurtenances on rail property (<i>describe in comment field below, or attach additional sheet</i>)..... | | | | | |
| Wire clearance over or under top of rail..... | | | | | |
| If under track, type and size of conduit..... | | | | | |
| Wire clearance over rail wire lines | | | | | |
| COMMENTS | | | | | |
| | | | | | |

Attached to this sheet is a pole-head diagram (if required) and location plan. The location plan shows the tie-down measurement to the centerline of the nearest road crossing, bridge, or other railroad structure. Please authorize us to proceed with this installation or advise what changes are necessary to meet your specifications.

| | | | |
|------------|-------|-----------------------|------|
| PRINT NAME | TITLE | SIGNATURE X | DATE |
|------------|-------|-----------------------|------|