

PUBLIC WORKS PERMIT

For work within City Public Right-of-Way or Easements





ENGINEERING	Email: cwl_rowpermits@westlinnoregon.gov		PERMIT #
PROJECT LOCATION:			
WORK DESCRIPTION:			
After Approval Return to (specify email, fax, mail address):			
The Providing Control of Specific Control of S			
CONTRACTOR		PROPERTY OWN	ER / FRANCHISE UTILITY
Business Name:		Applicant Name:	-
Address:		Utility Name:	
City: State:	Zip:	Address:	
Phone: Fax:	2.10.	City:	State: Zip:
CCB: City/Metro		Phone:	Fax:
Email:		Email:	
24 Hour Emergency #		Plans included	
WORK INCLUDES (check all that apply):			
Street cut Size a' X b' Sidewalk/approach/curb Pipe bore Trench Pipe tap Disturb landscape			
ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0090. You may obtain copies of the rules by calling the center. (Note: the administrative telephone number for the Oregon Utility Notification Center is (503) 232-1987). Locate requests shall be made 48 hours prior to any work taking place. The one call number for utility locates is (503)246-6699 or 811. PERMIT CONDITIONS: 1. I understand that the City's sole function is to review the plans and inspect the work to assure compliance with City code and that the City assumes no responsibility of any kind for the accuracy or suitability of the work submitted. I accept full responsibility for compliance with all applicable city, state, regional, and federal laws, ordinances, franchise agreements, regulations, and codes which apply to the work for which this permit is issued. 2. I agree to inform all contractors, subcontractors, or any other persons performing work under this permit of the provisions of this permit and assure their compliance with those provisions. I agree to ensure that all construction will conform to the City's Public Works Construction Standards, the approved construction drawings, all specific conditions of approval, and any on-site revisions required by the City Engineer. 3. I agree to allow access by City employees or its representatives to the property where construction is being performed. 4. I agree to hold the City of West Linn and its employees harmless from any and all damages or expenses caused by work under this permit and hereby accept all liability for damage to persons and/or property caused in the process of completing this work. 5. I agree to restore the work area or any areas damaged in the course of work to original or better condition, current codes, and to City Engineer satisfaction and to pay all costs to repair or replace any property damaged while work is being performed under this permit and acknowledge that failure to pay the			
Print Authorized Signature Date *Minimum 24 hour notice required prior to work and for all inspection requests. Please allow 3-5 days for processing*			
FEES (per WLMC 3.255)			
Non-refundable application fee	\$ 110		
Review/Inspection Deposit ¹	\$ 500	the Ment of	RITE IN THIS BYAGE
Street Cut Deposit ¹ (linear ft. X \$50) =	\$	ו ופוו פפ	111 111 11119 ALVAZ
TOTAL:	\$		

1. Deposits cover plan review and inspection work by the City. Any amount remaining in the deposit will

be refunded to the permittee. Any overruns will result in additional billing.