



# City of Durham

17160 SW Upper Boones Ferry Road  
 Durham, OR 97224  
 503-639-6851 Fax 503-598-8595  
 Website: www.durham-oregon.us  
 Email: cityofdurham@comcast.net  
 Call for an inspection 503-639-6851

## ROW CONSTRUCTION APPLICATION

Permit: \_\_\_\_\_

Date: \_\_\_\_\_

CONTRACTOR INFORMATION				APPLICANT/OWNER INFORMATION							
Name:				Name:							
Company:				Company:							
Address:				Address:							
City, State, Zip:				City, State, Zip:							
Phone:				Phone:							
Email:				Email:							
CCB NO:				Metro NO:							
				ROW License NO:							
DESCRIPTION OF WORK											
Street Address:											
Date Street Opened:				Date Street Closed:							
				Time Scheduled:							
Project Value:				Fee (4% of value):							
				Or Exempt:							
Project Length:				Project Description:							
Check all that apply to this project:				<p>Please provide a site map and diagram of work showing all streets, sidewalks, existing utilities in the vicinity, and excavation location and length.</p> <p>A Traffic Control Plan is required for work within a traveled roadway.</p> <p>All excavations must have an erosion control plan in effect.</p> <p>Provide a detailed cost estimate of work within the ROW or easement.</p> <p>The City may require a performance bond.</p>							
Sidewalk Repair								Sewer Line			
Curb Cut/ Driveway Apron								Water Line			
Trenching/Street Cut								Disturbing Landscaping			
Pipe tap/Repair								Sidewalk Closure			
Road Bore-Potholing								Traffic Control Plan			
T-Cut/Saw Cut								Erosion Control Plan			
Open Excavation outside paved area								Performance Bond			
<b>Call 811 to locate all utilities 48 hours before street opening</b>											
<p>I hereby certify that the information supplied in this application is correct. I agree to comply with all applicable City ordinances and State laws pertaining to the proposed construction and hereby authorize City representatives to enter the property to inspect the work. I understand and agree to pay all costs to repair or replace any property damage resulting from the work performed under this permit and acknowledge that failure to pay these cost when due will constitute a violation of the terms of the permit and the City may avail itself to any and all legal remedies. I agree to hold the City and its employees harmless for any injury or damage resulting from the applicant's action. I understand that misrepresentation or omission of facts on this application is cause for cancellation of the application. <i>The information provided in this application is subject to disclosure in accordance with the Oregon Public Records Law.</i></p>											
Applicant's signature: _____				Date: _____							

**FOR CITY USE ONLY:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Receipt: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Conditions of Approval:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Inspection Required: \_\_\_\_\_ Approved: \_\_\_\_\_

Call 503-639-6851 or email [cityofdurham@comcast.net](mailto:cityofdurham@comcast.net) for an inspection. Please provide 24 hours' notice.