



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			
Call 811 to locate all utilities 48 hours before street opening											
<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. I understand and agree to make repairs or pay to replace any personal property damaged as a result of the work performed under this permit and acknowledge that failure to do so will constitute a violation of the terms of the permit and the City may avail itself of any legal remedies available to it. 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 for an inspection. Please provide 24 hours' notice.