



City of Durham

17160 SW Upper Boones Ferry Rd.
Durham, Oregon 97224

ROW CONSTRUCTION APPLICATION

Website: www.durham-oregon.us
e-mail: cityofdurham@comcast.net
503.639.6851 Fax 503.598.8595

Permit No: _____

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.