



City of Durham

17160 SW Upper Boones Ferry Rd.
Durham, Oregon 97224

ROW CONSTRUCTION APPLICATION

phone: (503) 639-6851
e-mail: cityofdurham@comcast.net
website: www.durham-oregon.us

Permit No: _____

CONTRACTOR INFORMATION				APPLICANT/OWNER INFORMATION	
Name:				Name:	
Company:				Company:	
Address:				Address:	
City, State, Zip:				City, State, Zip:	
Phone:				Phone:	
Email:				Email:	
CCB License #:		Metro License #:		ROW License #:	
DESCRIPTION OF WORK					
Street Address:					
Proposed Dates & Time of ROW Project/Closure:					
Project Value:		Project Description:			
Fee (\$150 permit (+ \$150 inspection, <i>if required</i>), or, 4% of project value - whichever is greater):					
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> <p>*Inspections are required when altering city ROW (Call if clarification required)</p>	
Sidewalk Repair	<input type="checkbox"/>	Sewer Line	<input type="checkbox"/>		
Curb Cut/Driveway Apron	<input type="checkbox"/>	Water Line	<input type="checkbox"/>		
Trenching/Street Cut	<input type="checkbox"/>	Disturbing Landscaping	<input type="checkbox"/>		
Pipe Tap/Repair	<input type="checkbox"/>	Sidewalk Closure	<input type="checkbox"/>		
Road Bore-Potholing	<input type="checkbox"/>	Traffic Control Plan	<input type="checkbox"/>		
T-Cut/Saw Cut	<input type="checkbox"/>	Erosion Control Plan	<input type="checkbox"/>		
Open Excavation outside paved area	<input type="checkbox"/>	Performance Bond	<input type="checkbox"/>		
Call 811 to locate all utilities 48 hours before opening right-of-way					
<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.</p> <p><i>Information provided in this application is subject to disclosure in accordance with the Oregon Public Records Law.</i></p> <p>Applicant's signature: _____ Date: _____</p>					

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 48 hours' notice.