

Right-of-Way Permit Application



City of Milwaukie

6101 SE Johnson Creek Blvd., Milwaukie OR 97206
 Phone: 503-786-7613 Fax: 503-786-7612
 Inspection Line: 503-786-7575 www.cityofmilwaukie.org
 Email Address: building@ci.milwaukie.or.us

DEPARTMENT USE ONLY	
Permit no.:	
Date Received:	
Date Issued:	By:
Receipt #:	
Building Permit no.:	

1-Year Review Date: _____ O.K. Repair Required **Reviewed:** _____

IMPORTANT INFORMATION

Before beginning work, **24-hour** notice must be given to the Public Works Department and emergency transportation agencies:

- City Public Works.....(503) 786-7600
- Fire/Police Dispatch.....(503) 786-7500
- N. Clackamas School District #12..(503) 653-3652
- Tri-Met.....(503) 661-8117

Permittee shall notify applicable utility companies **48 hours** prior to start of work.

Public Works must be notified prior to each stage of construction.

A Traffic Control Plan is required for any work that will obstruct the normal flow of vehicular or pedestrian traffic. The Plan must be submitted to the City for review and approval **48 hours** before beginning work.

We hereby agree to replace said premises satisfactory to the Engineering Director at our own expense, and to hold the City of Milwaukie harmless from any and all damages or expense caused by, or in any way connected with, the use of said property or restoring the same to its original condition. City specifications shall be met unless otherwise authorized by the Engineering Director or their authorized representative. If work cannot be completed by expiration date, applicant must apply for extension.

Applicant: _____ By: _____

CONTRACTOR		
Business name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
E-mail:		
CCB license no.:	PB no.:	
Insurance co.:	Policy no.:	
Print name:		
Signature:	Date:	

OWNER		
Name:		
Mailing address:		
City:	State:	ZIP:
Phone:	Fax:	
E-mail:		

24 HR./AFTER HOURS EMERGENCY CONTACT	
Name/Title:	Phone:

JOB SITE INFORMATION		
Description of work: _____		
Job location: _____		
Tax map/tax lot/account no.: _____		
Lot:	Block:	Subdivision:
Project name:		
City/County:	Zip:	
Est. start date:		
Est. date of completion/inspection:		

INSPECTION RECORD	
Inspector: _____	Date: _____
Comments: _____	
<input type="checkbox"/> Tem. Patch	Date: _____
<input type="checkbox"/> Complete	Date: _____

Inspection fee.....	\$ _____
Performance bond (if required)	\$ _____
TOTAL	\$ _____