



PGE WORK ORDER # _____

Public Works Dept

117 N. Molalla Ave. | PO Box 248 | Molalla OR 97038
 Ph (503) 829-6855 | Fax (503) 829-3676
 dpw@cityofmolalla.com

RIGHT-OF-WAY PERMIT APPLICATION	Permit #: PW _____
--	--------------------

Work Site Information

Address:	Molalla	Cross Street:
----------	---------	---------------

Applicant Responsible for Project (Permittee) Primary Contact

Business Name/Property Owner:

Contact Name:	E-Mail:
---------------	---------

Mailing Address:	City, State & Zip:
------------------	--------------------

Phone:	Alt. Phone:
--------	-------------

Contractor Same as above Responsible for Project (Permittee) Primary Contact

Business Name:	Contact Name:
----------------	---------------

Mailing Address:	Phone:
------------------	--------

City, State & Zip:	E-Mail:
--------------------	---------

Molalla Business License No:	License or CCB Number(s):
------------------------------	---------------------------

Work Details

Proposed Start Date:	Estimated Completion Date:
----------------------	----------------------------

DESCRIPTION OF WORK TO BE DONE IN ROW PER THIS PERMIT (check all boxes that apply):

UTILITY WORK:	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Stormwater	<input type="checkbox"/> Pavement/Trench Cut
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Water	<input type="checkbox"/> Cable
	<input type="checkbox"/> Gas	<input type="checkbox"/> Telecomm	<input type="checkbox"/> Other
LANDSCAPING WORK:	<input type="checkbox"/> Tree Removal	<input type="checkbox"/> Tree Installation	<input type="checkbox"/> Other

Size of Proposed Excavation: Width: _____ Depth: _____ Length: _____
**Depth – Minimum 30" below lowest point of the existing road and ditch grade for paved cover, 36" minimum for unpaved cover*
** Width – less than 4' excavation width requires CDF (controlled density fill)*

Provide paragraph description of work to be done:

Permission is hereby requested to encroach into public right-of-way to perform work as set forth below. It is understood that this application is limited to the work described herein and that all work shall be done with all other applicable rules, regulations and standards of the City; and that the permittee assumes full responsibility for said compliance, for acceptability of the work, and for repair or replacement thereof if defective, and for repair or replacement of any existing.

SEE THE BACK (PAGE 2) OF THIS PERMIT FOR CONDITIONS AND PROVISIONS

I CERTIFY THE ABOVE INFORMATION IS CORRECT _____	Applicant's Signature:
--	------------------------

OFFICE USE ONLY

It is incumbent on the permittee to comply with all items checked and with the terms of any other City permits issued:

<input type="checkbox"/> Provide a traffic control plan to the City for review and approval.	<input type="checkbox"/> Coordinate work with all applicable utility companies.
<input type="checkbox"/> Barricade and sign sidewalks & parking spaces in advance of their	<input type="checkbox"/> Tree removal/replacement per City Planning Dept approval process.
<input type="checkbox"/> Contact the city inspector at 503.759.0218 for pre and post inspections, questions and/or pre-pour and final concrete inspections.	

Related City permits:

Expiration Date:	<input type="checkbox"/> 60 DAYS	<input type="checkbox"/> 90 DAYS	Other
------------------	----------------------------------	----------------------------------	-------

Issued by:	Date:
------------	-------