CITY OF HERMISTON PERMIT TO UTILIZE CITY RIGHT-OF-WAY

	APPLICANT INFORMATION; NAME; TELEPHONE;				
	ADDRESS;	(*			
	JOB LOCATION;		2:		
	ADDRESS;				
	Do work areas extend outside of your Describe work to be done;				
	2) Is area to be excavated a hard surface?	YES (call for p	ermit review) NO		
	DATE WORK TO BEGIN; WORK END DATE; (Permit shall be filed 72 hours in advance of beginning work) For permit review contact; Ron Sivey 541-561-7605				

	CONTRACTOR INFORMATION; NAME;	L	ICENSE NO:		
	ADDRESS;	CITY;	STATE;	_ ZIP;	
		RE NOT A PUBLIC UTILITY, WHO IS YOUR LIABILITY INSURANCE CARRIER? POLICY NO;			
	ADDRESS;	CITY;	STATE;	_ ZIP;	
EASE	E INITIAL INDICATING YOU HAVE RE	EAD, SUPPLIED A	ND AGREE TO COMP	LY WITH THE FOLLOW	
	Hard surface replacement must be completed by the work end date. If not completed within this Time, the City may complete the repairs and bill the applicant.				
	Compaction testing is required on all	Compaction testing is required on all trenches in the ROW. See Trench Back Fill spec ST 301			
	A Traffic Control Plan has been prov	A Traffic Control Plan has been provided with this permit application.			
	Determined by City; Penalty for cutting a new street; A permit fee in the amount of \$ we need to be paid before permit is issued. Permit fee is based on ordinance # 1942. This street is less that years old, thus requiring a fee times the repair rate.				
	The City must be notified a minimum of 24 hours before backfilling for inspection. The applicant agrees to the terms and provisions governing this permit.				
	Applicant's Signature;	No.	Print;	unicarius and a second and a second	
	City Contacts; Water 667-5064 Sewer 567-5272 Street 667-5062 Police 567-5519 City Hall 567-5521				
	Send copy to; Street Dept WWPT	Control of the contro	Rece By;	Date;	
	L		Approved:	Date;	

CALL BEFORE YOU DIG!!!! 1-800-332-2344

