

## PUBLIC WORKS PERMIT APPLICATION

TYPE OF WORK		OFFICE USE ONLY	
Sidewalk	Sewer Tap	Permit Number:	
Driveway Approach	☐ Water Tap	Date Received: By:	
Street Cut	Other (describe)	Date Issued:	
Value of Project: \$			
DESCRIPTION OF WORK		CONTRACTOR	
		Business Name:	
		Contact Name:	
		Address:	
		City, State, Zip:	
		Email Address:	
JOB SITE INFO	RMATION	Phone Number:	CCB#:
Job site address:		I herby certify that I have read and examined this application and know the same to be true and correct. I agree to build according to the approved plans and specifications and that all work is to conform with all codes and ordinances of the State of Oregon and the City of Sandy, Oregon.	
City, State, Zip:			
Suite/Bldg/Space/Apt #:			
Map/Tax Lot Number:		Signature:	
☐ PROPERTY OWNER	TENANT	Date:	
Name:		CONTRACTOR	NOTICE
Address:		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701, as well as licensed with the City of Sandy.	
City, State, Zip:			
Email Address:		NOTE: A <u>final inspection</u> needs to requested and approved before any deposit money is returned. Public Works may determine to keep all or a portion of the money to repair any	
Phone Number:			
☐ APPLICANT	☐ CONTACT PERSON	damages that occurred in the Public Right-of-Way. Failure to request	
Name:		a final inspection may result in the forfeiting of the deposit.	
Address:			
City, State, Zip:			
Email Address:		PUBLIC WORKS PERMIT FEES (OFFICE USE ONLY)  Fees are calculated by office staff	
Phone Number:		Permit Fee (\$50.00)	\$
Permits are nontransferable and expire if work is not started within 180 days of issuance or if work is suspended for a period in excess of 180 days.		Deposit (\$300.00)	\$
		Other	\$
		TOTAL PERMIT FEE	\$