CITY OF HUBBARD-PUBLIC WORKS DEPARTMENT RIGHT OF WAY/UTILITY PERMIT APPLICATION

(APPROVED PERMITS EXPIRE Two (2) MONTHS FROM THE DATE OF APPROVAL)

OFFICE USE ONLY **CONTACT INFORMATION** MAILING ADDRESS City of Hubbard- Public Works 503.982.9429 Permit No: _____ AMT Due: P.O. Box 380 503.982.2171 (FAX Public Works) Hubbard, OR 97032 503.981.8743 (FAX City Hall) Date Received: Application Approved: _____ molinger@cityofhubbard.org www.citvofhubbard.org By: _____ Date: _____ **Application is made to:** ____ Construct Alter ____Sanitary Sewer ____Street ____Curb Storm Drain ____Driveway ____Water Sidewalk Other **Description of work** (attach a separate sheet if necessary):_____ Location of work: Right of Way: ____ Street: _____ From: _____ To: _____ Owner's Phone: Owner's Name: _____ Owner's Email: Owner's Address: **Easement Required?** ____ No ____ Yes Engineer Name: _____ Engineer Phone: ____ Engineer Email: Contractor Name: _____ Contractor Phone: _____ Contractor Email: _____ Liability Insurance Amount: \$_____ Certificate of Insurance Attached: _____ Proposed Work Schedule: Begin Date: _____ Completion Date: ____ Additional Comments: Plans Attached (Three (3) Copies): _____ Performance and Maintenance Bond Attached: I agree to comply with the above description, plans and specifications herewith submitted and as approved by the City of Hubbard, and with all applicable rules, regulations, ordinances, and resolutions of the City of Hubbard. I will keep a copy of the approved permit at the jobsite. **Applicant's Signature Print Name** Applicant's Phone: _____

Applicant's Email: _____

Applicant's Address: