

## CITY OF PHILOMATH

PO Box 400 Philomath, OR 97370

Office: 541-929-6148 FAX: 541-929-3044 www.ci.philomath.or.us

## Utility Work in Right-Of-Way

Instructions: Fill out the area below, being sure to mark the appropriate spaces when indicated. If all areas in the application area are not filled in, it may delay processing of the permit.

The following application does not become an approved permit until signed by an authorized agent of the Utility Company and authorized by a representative of the approving agency. If a certificate of insurance is not already on file with the approving agency it must be provided before a permit can be issued. Please provide three (3) sets of construction plans with the completed permit application.

Utility Company Information:				
Company Name:				
Mailing Address, City, State, Zip code:				
Contact Person:	ntact Person:		Proposed Start Date:	
Business Phone:		Completion D	Completion Date:	
24 Hr. Emergency Phone #:		Fax number:	Fax number:	
Township:	Range:	Section:		
Job Site Information:				
Site Address, City, State, Zip code:				
Project Description:				
☐ Three Sets of Construction Plans Submitted		Work Being Performed by		
			☐ Subcontractor	
Subcontractor Firm Name:		CCI	3#:	
Street Address, City, State, Zip code:				
Contact Name:	tact Name: Phone Number:			
******Approving Agency's Use******				
☐ Insurance Certificate on File	Special Provisions:			
☐ Attached Standard Drawing				
☐ Submitted Herewith				
Approved by:	Date:			
Approver's Title:				