

**CITY OF PHILOMATH**  
**UTILITY WORK IN RIGHT-OF-WAY**  
**APPLICATION PERMIT**

**INSTRUCTIONS:**

Fill out the area below labeled "Application Information", 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.

\*\*\*\*\*Application Information\*\*\*\*\*

Utility Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Completion Date: \_\_\_\_\_

24 Hr. Emergency Phone#: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

- Three Sets of Construction Plans Submitted      Work Being Performed by:  Utility Company  
 Subcontractor

Subcontractor Firm Name: \_\_\_\_\_ CCB #: \_\_\_\_\_

Street Address, City, State, Zip code: \_\_\_\_\_

Contact Name : \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Approving Agency's Use\*\*\*\*\*

Insurance Certificate on File      Special Provisions: \_\_\_\_\_

Attached Standard Drawing      \_\_\_\_\_

Submitted Herewith      \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approver's Title: \_\_\_\_\_