

Sidewalk Right of Way Permit Application

City of Fairview

1300 NE Village St., Fairview, Or 97024

Public Works – Permits Desk 503 674-6206

Application No.:	Permit No.: ROW
Date Received:	Expire date:
Date Issued:	Issued By:
Street Tree Removal: Yes/No	Fee:

SITE ADDRESS:			
WORK TO BE PERFORMED BY? <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR			
SIDEWALK REPAIR TYPE <input type="checkbox"/> GRIND <input type="checkbox"/> REPLACE <input type="checkbox"/> BOTH <input type="checkbox"/> UNKNOWN			
PROPERTY OWNER:		PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:
CONTRACTOR:		PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:
CCB NUMBER:	CITY / METRO LICENCESE NUMBER:		
Terms <ul style="list-style-type: none"> • <u>All work shall be accomplished in accordance with the standard specifications and the applicable ordinances of the City of Fairview.</u> • <u>Applicant shall call for the REQUIRED three sidewalk inspections:</u> <ol style="list-style-type: none"> <u>1) INITIAL (prior to start of work)</u> <u>2) FORMS</u> <u>3) FINAL</u> <p>**APPLICANT MUST CALL 811 TO HAVE UNDERGROUND UTILITIES MARKED**</p>			
<p><i>This permit is issued by the City of Fairview subject to the terms and provisions contained herein and/or attached hereto and is accepted and approved by applicant subject to said terms and provisions. Permits are effective for 60 days unless otherwise approved.</i></p> <p><i>I hereby acknowledge that the information provided on this form is correct and that all work will be in conformance with approved plans.</i></p>			
APPLICANT SIGNATURE (S)			Date

City of Fairview Approved By: _____ Date: _____