



# City of Newport Right-of-Way Permit Application

Newport Public Works Dept.  
169 SW Coast Hwy  
Newport, OR 97365  
541-574-3366

**Call Before You Dig: dial 811, or go to [digsafelyoregon.com](http://digsafelyoregon.com) for online locate requests**  
**Inspection Requests (24 hrs notice): 541-574-3366 or [rightofwaypermits@newportoregon.gov](mailto:rightofwaypermits@newportoregon.gov)**

Address/location of work:			
Describe work (attach sketch/plans):			
Purpose of work: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Storm <input type="checkbox"/> Sidewalk/driveway <input type="checkbox"/> Gas <input type="checkbox"/> Comm. <input type="checkbox"/> Electric <input type="checkbox"/> Tree trimming/removal <input type="checkbox"/> Other:			
Work includes: <input type="checkbox"/> Boring <input type="checkbox"/> Street Cut (area: _____ ft <sup>2</sup> ) <input type="checkbox"/> Traffic Control (attach plan)			
Expected start date:		Expected project duration:	
<b>Contractor Information</b>			
Business name:			
Address:	City:	State:	Zip:
24-hr Emergency Phone:		E-mail:	
Main Phone (if different):			
CCB License #:		City of Newport Business License #:	
<b>Property Owner Information</b>			
Property owner name:			
Address:	City:	State:	Zip:
Phone:		E-mail:	
<b>Applicant's Declarations</b>			
1. The drawings, plans, and specifications submitted with the application comply with all applicable technical codes, rules, and regulations.			
2. I have reviewed, understand, and agree to comply with the attached permit requirements.			
Contractor / Applicant (print name):		Signature: Date:	
Property owner signature required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Property owner (print name):		Signature: Date:	
Insurance verified: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Bond provided: <input type="checkbox"/> Yes <input type="checkbox"/> N/A    Bond #:	
Initial permit fee paid: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<i>Permit fees to be added in future.</i>	
SDCs paid: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Receipt #:	
Permit approved by:		Date:	
Permit expires:		Permit #:	
Final amount paid/refunded: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		<i>Permit fees to be added in future.</i>	
Final inspection approved by:		Date:	
Comments:			

**Note: Permit requirements are attached.**

SKETCH WORK BELOW  
(if no plans are attached)