

# CITY OF NEWPORT

## RIGHT-OF-WAY PROJECT APPLICATION/PERMIT

Newport Public Works Department  
169 SW Coast Hwy.  
Newport, OR 97365 Ph. (541) 574-3366

**Call 1-800-332-2344 before digging**

### CITY REQUIREMENTS

- Attach drawing of project or show diagram on back of permit.
- If any changes are made, the public works department must be notified at 574-3366.
- All asphalt or concrete repairs shall be saw cut and "T" patched.
- Final repair must be made when hot patch is available. If permanent hot patch is not available after trenching and backfill, a temporary cold patch must be immediately applied.
- Compaction shall be 95% AASHTO T-99 Proctor. Maximum height of lifts for compaction: 18".
- When project is completed, **call 574-3378 for final inspection.**
- Contractor shall hold the City and its employees harmless against any contaminated waste clean up, injury or damage which may result of work done within the public right-of-way. Must complete the project in a timely manner and promptly remedy any defects identified in any city inspection. Submit a copy of insurance bond if not on file. Fix apparent defects within two years.

#### **Please Print**

City of Newport Business License # \_\_\_\_\_ CCB License# \_\_\_\_\_ Date \_\_\_\_\_  
*(Newport business license required work within city limits)*

Address of Work \_\_\_\_\_

Contractor's Business Name \_\_\_\_\_ Mailing Address: \_\_\_\_\_

24-Hour Emergency Ph.# \_\_\_\_\_ 2<sup>nd</sup> Ph.# \_\_\_\_\_ Fax# \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy# : \_\_\_\_\_ Bond#: \_\_\_\_\_

Property Owner/Business Name \_\_\_\_\_ Address: \_\_\_\_\_

<b>PURPOSE OF WORK</b>	Water <input type="checkbox"/>	Gas <input type="checkbox"/>	Communications <input type="checkbox"/>	Electric <input type="checkbox"/>	Sidewalk <input type="checkbox"/>	Driveway <input type="checkbox"/>	Storm <input type="checkbox"/>	Other <input type="checkbox"/>
<b>SEWER</b>	New <input type="checkbox"/>	Repair <input type="checkbox"/>	Replacement <input type="checkbox"/>					
<b>BORING</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<b>REMOVAL</b>	Concrete <input type="checkbox"/>	Asphalt <input type="checkbox"/>	Other <input type="checkbox"/>					
<b>REPLACEMENT MATERIAL</b>	Sand <input type="checkbox"/>	Dirt <input type="checkbox"/>	Gravel ¾"-0" <input type="checkbox"/>	1"-0" <input type="checkbox"/>	1-1½"-0" <input type="checkbox"/>			
<b>COMPACTION</b>	Vibratory Hammer <input type="checkbox"/>		Roller <input type="checkbox"/>	Pogo <input type="checkbox"/>	Hoe Pack <input type="checkbox"/>			

Contractor \_\_\_\_\_ Signature \_\_\_\_\_  
*(Print name)*

### CITY COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

Permit granted/denied by engineer or representative \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature)*

**THIS PERMIT IS NOT VALID WITHOUT SIGNATURE OF CITY REPRESENTATIVE**