

City of Newport **Right-of-Way Permit Application** Permit # _

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

Allow Up to Three (3) Weeks for Application Processing

Call Before You Dig: dial 811, or go to digsafely oregon.com for online locate requests

	Inspection Requ	ests (48 hrs notice): 54		•	•		-	.gov				
Address/Location of	work:						-					
*SITE PLAN:	Water		Gas	as		Street Cut	Ι	One Land Closure				
*SITE PLAN: WORK: Application will not be processed without a		Sewer	Comm.				Paving	Site Specific				
		Storm	1	Electric		_	Landscaping	1		(Attach Plan)		
		Trenching		Boring	oring		Staging in ROW		•	Site Specific		
completed check	ĺ	Sidewalk /		Tree Trii			Block Public		Pedestrian Control			
list with attached		Driveway	Remova				Parking		Plan (A	(Attach Plan)		
drawing.	TYPE OF SERVICE	Single Family		Comme	rcial		Motel	NO. & SIZE OF SERVICE				
		Duplex	Retail/S		ervice		Municipal	Water/Sev		er		
		Triplex	Restaui		ant		Church	Service Siz		9		
		Fourplex		Fish Plar	nt		Public /	Water On		'		
		Apartments					Institutional	Hydrant M		ter		
**Complete Tree Trimming/Removal Checklist (attach to application)												
Part of Commun	ity Developm		Building Permit Number:									
Expected start date:		Expected project duration:										
Contractor Informat		☐ Primary Contact for questions and fees										
Business Name:		ısiness Co	ess Contact:									
Address:	Cit	ty:		State: Zip:								
24-hr Emergency Ph	En	Email:										
Main Phone (if differ	rent):											
CCB License #:	ty of New _l	of Newport Business License #:										
Property Owner Info		☐ Primary Contact for questions and fees										
Property owner nam	ne:											
Address:	Cit	City:			State:		Zip:					
Phone:	nail:	I:										
Applicant's Declarat	ions											
1. *Drawings, plan	s & snacificat	ions submitted wit	h ar	nlication	complyy	۸/it	h all annlicable tec	hnic	al codes	rule	ως <i>Q</i> ,	
regulations. 2. I have reviewed, understand, and agree to comply with standard permit requirements posted with this application.												
3. Fees must be paid prior to application review.												
4. Work cannot commence until application is reviewed, approved, and returned by the City of Newport.												
Applicant				Signature:								
(print name):		_	Date:									
Property owner		Signa	Signature:									
(print name):		Date	Date:									

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APPLICATION REVIEW FEES										I	EE	EXTENSION			
Application Fee							ROW Fees to 701-3110-46480						00.00		
Expedited Review (3 Calendar Days)							ROW Fees to 701-3110-46480						00.00		
Submittal Date:													al:		
Applicant Signature:							R						ees to 70)1-3110-46480	
PERMIT SERVICE FEES	# OF SER	VICES	CHECK SIZE OF S					F SERVICE	SERVICE				EXTENDED COST		
Water/ Sewer				3/4"		1"		1-1/2"		2"					
Water (Irrigation Meter)				3/4"		1"		1-1/2"		2"					
Meter				3/4"		1"		1-1/2"		2"					
Sewer Lateral Inspection			Sewer Fees to 602-3490-4800							48001	200	0.00			
Storm Review Fee												0.00			
Asphalt Cut	Length:		Χ		Are	ea		=							
Service Charge															
Submittal Date:											To	tal:			
Applicant Signature:				Wate						ater F	er Fees to 601-3390-45503				
PERMIT EXTENSION AND OTHER FEES															
Permit Extension for 60Days \$ 100.00															
Working Without A ROW Permit - \$500.00 / Date Work Occurs Day: X \$500.00 =															
Total:															
Rec										Recei	eipt Number				
Approval Date:										Expi	ration D	ate			
Applicant															
Acknowledgement:															
ROW Permit much be closed to insure no further fees attached to permit. Applicant is responsible to arrange final inspection with City for permit close-out.															
Applicant Signature ROW Fees to 701-3110-46480										11-3110-46480					
PERMIT CLOSEOUT	od: ¬Voc	- N//		Pond	Λ++	achod:		Voc. 🗆							
Complete Drawing Provided: Yes N/A Bond Attached: Yes Bond #:															
Approved by: Approval Date:							<u>:</u>		Expiration Date:						
,,											'				
As-Built Drawing Submitted: Y N Date:								Fees F	Fees Paid Y / NA Re				ceipt #:		
Final Inspection Approved by:								Date	Date						
Comments:															

Note: Permit Requirements Attached.

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