



## **RIGHT-OF-WAY CONSTRUCTION PERMIT APPLICATION**

### **City of Independence**

555 South Main Street, Independence, OR 97351

Phone: 503.838.1212 / Fax: 503.606.3282

Public Works Phone: 503.838.4781 / Fax: 503.838.2599

ROW@ci.independence.or.us

Permit # \_\_\_\_\_

### **General Provisions:**

*(Please read and initial by each number)*

Fee	
Major (Project costs GREATER than \$15,000)	\$ 200.00
Minor (Project costs UNDER \$15,000)	\$ 50.00
Other:	

- \_\_\_\_ 1. Submit 1 set of construction drawings for projects under \$15,000 or submit 3 sets of constructions drawings greater than \$15,000 with application.
- \_\_\_\_ 2. Please allow at least TWO business days before permit is issued to Applicant and call Public Works TWO business days prior to start of work. Work hours are from 7 a.m to 6 p.m Monday through Friday.
- \_\_\_\_ 3. Traffic control shall conform to the requirements of the MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES. Please attach a Traffic Control Plan with application if needed.
- \_\_\_\_ 4. For any full or partial road closures, contact the City Recorder at City Hall at 503.837.1172 so the City can notify the public.
- \_\_\_\_ 5. Call for locates at 811 and pot holes for utilities. Oregon law requires you to follow the rules adopted by the Oregon Utility Notification Center (OUNC). Those rules are set forth in OAR 952-001-0010 to -01000.
- \_\_\_\_ 6. All work is performed by Oregon Public Works Construction Standards (333-061) and Independence Public Works Design Standards.
- \_\_\_\_ 7. Call for an inspection BEFORE burying pipe and BEFORE paving.
- \_\_\_\_ 8. For alley work, haul off spoils and backfill with 3/4" minus and compact every foot.
- \_\_\_\_ 9. Pavement cutting will NOT be allowed without prior approval. Approval will be given on a case-by-case basis ONLY. Controlled density backfill may be required for trench restoration. Backfill trench cut with 3/4" minus, then CDF, then T-Cut old asphalt. Open cuts of pavement within travel lanes shall be patched with cold mix and covered with bolted steel plates with signage to accommodate traffic overnight or until the final hot patch is constructed.
- \_\_\_\_ 10. All trenching and pavement cuts shall be guaranteed against settlement. Compaction testing may be required, with the Applicant responsible for the cost of testing.
- \_\_\_\_ 11. The Applicant shall indemnify and save harmless the Approving Agency, its Council, its officers and employees from all suits and actions; or claims of any character brought because of any injuries or damages received or sustained by any person, or property on account of the operations of the said Applicant, their Subcontractors or the employees of either; or on account of or in consequence of any neglect in safeguarding the work; or because of any act of omission, neglect or misconduct of the said Applicant. If Applicant has a valid franchise agreement with the City and this provision conflicts with that franchise agreement, then the franchise agreement shall control.
- \_\_\_\_ 12. The Applicant accepts and approves the City of Independence adopted Design Standards located on the City website at <https://www.ci.independence.or.us/publicworks/page/public-works-design-standards>. Permits for construction expire six (6) months from date of issue.
- \_\_\_\_ 13. One (1) year warranty DOES NOT START until work has been approved by the City.
- \_\_\_\_ 14. Once work is complete, the Applicant will return PAGE 2, to notify the City that work has been completed and is ready for a final inspection.

DESCRIPTION OF WORK

WORK SITE ADDRESS

PRINTED NAME OF APPLICANT, EMAIL & PHONE #

SIGNATURE

DATE

TITLE (Owner/ Agent, etc.)

CONTRACTOR'S NAME/ CCB#

SUPERVISOR'S PHONE #

### **PUBLIC WORKS COMMENTS**

PW DIRECTOR OR DESIGNEE SIGNATURE

DATE



**RIGHT-OF-WAY CONSTRUCTION PERMIT APPLICATION**  
**INSPECTION NOTIFICATION**

**City of Independence**

555 South Main Street, Independence, OR 97351

Phone: 503.838.1212 / Fax: 503.606.3282

Public Works Phone: 503.838.4781 / Fax: 503.838.2599

Permit # \_\_\_\_\_

Work has been completed at \_\_\_\_\_ and is ready for a final inspection.  
*Work Site Address*

---

PRINTED NAME OF APPLICANT

SIGNATURE

DATE

---

TITLE ( Owner/Agent, etc)

EMAIL ADDRESS

PHONE #

---

---

For Office Use Only

---

PW DIRECTOR OR DESIGNEE SIGNATURE

DATE