

Application Permit No. _____ Road No. _____

TILLAMOOK COUNTY APPLICATION AND PERMIT FOR NON-UTILITY FACILITIES WITHIN A PUBLIC RIGHT-OF-WAY ORDINANCE#28

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PLEASE PRINT

(Landowner / Agency Name) (Address)

(Telephone No.) (City, State, Zip)

The Applicant hereby applies to perform the following operation or install the following facilities upon the right-of-way of _____

From Mile Post or (St.Address) _____

to Mile Post or (St.Address) _____

Project location/start _____ feet [N S E W] from intersection _____

Proposed utility facility location _____ feet [N S E W] from centerline.

As shown on the plan attached hereto and by this reference made a part of this permit.

PLAN SHALL SHOW DISTANCES TO EXISTING PROPERTY PINS, MANHOLES, CENTERLINE OF ROAD AND EDGE OF ASPHALT.

TAX LOT DESCRIPTION

Township _____ Range _____ West, W.M. Section _____ at Tax Lot _____

The permit is for the construction, operation, and maintenance of the following type of utility facility:

All activities allowed by this permit are subject to the "REGULATIONS FOR UTILITIES in Tillamook County Public Road Rights-of-Way (Ordinance #28)", which by this reference are made a part of this permit.

APPLICANT NOTE THAT UTILITIES REGULATIONS REQUIRES REMOVAL OF FACILITY UPON WRITTEN NOTICE FROM TILLAMOOK COUNTY TO REMOVE THE UTILITY FACILITY (Section 17) .

Landowner / Agency Signature and Date

Print Landowner / Agency Name

CONTRACTOR INFORMATION

CONTRACTOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Contractor Signature and Date

Print Contractor Name

PROPOSED PROJECT START DATE = _____

CERTIFICATE OF INSURANCE FOR WORKING IN ROAD RIGHT-OF-WAY

ALL CONTRACTORS OR OWNER / AGENCY SHALL HAVE ON FILE A CERTIFICATE OF INSURANCE NAMING TILLAMOOK COUNTY AS CERTIFICATE HOLDER.

SPECIAL PROVISIONS TO BE COMPLETED BY COUNTY ROAD DEPARTMENT

1. A performance bond in the amount of \$ _____ shall be required prior to the issuing of this permit to cover inspection and assure compliance with conditions of permit.
2. A certificate of liability insurance has been verified.[_____]YES. [_____]NO.
3. A copy of liability insurance is [_____] on file, OR [_____] attached.
4. Activities of the operation, trenching, plowing, boring or tunneling shall be at least _____ feet from the edge of pavement **and / or** a minimum of _____ feet from center of traveled road.
5. Any feature above ground shall be a minimum of _____ feet from edge of pavement **and / or** _____ feet from center of traveled road.
6. Open cutting of paved or surfaced portion of the highway is [_____] is not [_____] permitted.
7. Asphaltic concrete patches shall be a total of _____ inches in compacted depth, _____ lift(s) of _____ inches each.
8. Maintenance of construction area and paving for all installations is the responsibility of the Applicant for one year after completion. Please contact us when completed.
9. Phone Number & Name of contact person responsible for maintenance of UTILITY FACILITY

_____.

PHONE

NAME OF CONTACT

Letter of requirements attached. YES [_____] / NO [____].

INSPECTED AND RESTORATION COMPLETED: DATE _____

INSPECTION BY _____

FINAL INSPECTION AFTER ONE YEAR: DATE _____

INSPECTION BY _____

PERMIT # _____

Public Works Administrator Signature of Permit Approval

Date