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|  | **PUBLIC WORKS PERMIT APPLICATION** |
| **City of Wilsonville Engineering Division** |
| **Est. Start Date:** |   |  **Est. End Date:** |   |

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| [ ]  **Construction in Public and/or Public Utility Easements** | [ ]  **Construction in Right of Way**  | [ ]  **Construction for Private Developments** | [ ]  **Construction for Capital Improvement Projects** |

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| **Applicant:** [ ]  **Owner** [ ]  **Authorized Agent** | **Site Information** |
| Name:  | Project Name:  |
| Address:  | Project Address:  |
| City:  | State:  | Zip:  | Tax Lot #:  | Lot Size:  |
| Email Address:  | Area of Land Disturbance:  |
| **Engineer** | **Contractor** CCB Number:  |
| Company:  | Company:  |
| Name:  | Name:  |
| Address:  | Address:  |
| City:  | State:  | Zip:  | City:  | State:  | Zip:  |
| Phone:  | Phone:  |
| Email:  | Email:  |
| **Additional Information and Fees** |
| **Project Descriptions:**  |
| Is work related to a Land Use Decision: Yes [ ]  No [ ]  | Land Use Case File Number:  |
| Is work related to a CIP: Yes [ ]  No [ ]  | CIP Number:  |
| Is disturbed area greater than 500 sft: Yes [ ]  No [ ]  If yes, a separate Erosion Control Application is required |
| Is work required: Street Cut [ ]  Trenching [ ]  Boring [ ]   |
| Will work impact vehicular, pedestrian, or bicycle traffic or obstruct a travel lane? Yes [ ]  No [ ]  |
| Estimate Value of Work: $  | Engineering Estimate Attached: Yes [ ]  No [ ]   |
| Estimate Value of Work < $2,150 | Fee: $150 [ ]  Fee collected at Permit Submission |
| Estimate Value of Work >$2,150 | Est. Fee: (0.07 x Estimate):$  | Initial Fee (0.02 x Estimate):  |
| Final Fee (collected at Permit Issuance) = (0.07 x Final Estimate) – [(Initial Fee) collected at Permit Submission] |
|  I, the applicant, certify that: * To the best of my knowledge, all the information provided within this application package is complete and accurate.
* The above request does not violate any recorded deed restrictions that may be attached to or imposed upon the subject property.

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| Applicant’s or Authorized Agent’s Signature |  | Print Name |  | Date |
|   |  |   |  |   |
| Property Owner’s Signature (If not Applicant) |  | Print Name |  | Date |
| Address:  | City/State/Zip:  | Phone:  |
| Return signed application and necessary materials to pwpermits@ci.wilsonville.or.us. |

* If the application is granted, I will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.
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