



APPLICATION FOR PERMIT - DEPOSIT ON STREET

48 HOUR ADVANCE NOTICE REQUIRED for DEPOSIT APPROVAL

APPLICATION DATE _____ CONTRACTOR _____
OWNER'S NAME _____ ADDRESS _____
ADDRESS _____
PHONE _____ OREGON CCB NUMBER _____
INSURANCE COMPANY _____
EMAIL _____ POLICY NUMBER _____
START/END WORK DATES _____ BOND/INSURANCE REQUIRED: Yes [] No []
PROJECT LOCATION _____

DESCRIPTION OF WORK:

REMOVAL OF EXCAVATED MATERIALS: All haul-off, of on-site excavated materials, shall be delivered to an approved destination. If destination is outside City of Forest Grove, applicant shall submit a copy of approved permit from the governing land use authority of that destination site.

APPLICANT SIGNATURE: _____ DATE: _____
By signing or typing above, I hereby acknowledge that I have read this permit (application) and state that the above information is correct, and agree to comply with all conditions, ordinances and state and federal laws regulating activities covered by this permit.

FOR OFFICE USE ONLY:
RECEIPT #: _____ FEE: \$49.50
[] APPROVED [] REJECTED BY: _____ DATE: _____
COMMENTS: _____
REQUIRED INSPECTIONS: _____
PERMIT #: _____ ISSUED BY: _____ DATE: _____ [] E-MAILED