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

|  |  |  |  |
| --- | --- | --- | --- |
| **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.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | |  |  | | 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](mailto: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. | | | | | | | | |