

**MILWAUKIE ENGINEERING**

10501 SE Main Street
Milwaukie OR 97222
503.786.7555
engineering@milwaukieoregon.gov

Right-of-Way Permit Application

Date: _____

Permit #: _____

**PERMIT
TYPE:**☐

Construction*

☐Tree Removal
or Major Pruning☐

Use

☐Intersection
Painting☐

Parklet

☐

Encroachment

Please allow 2 weeks for permit review time.

Before beginning work, **24-hour notice** must be given to the Engineering Department and emergency and transportation agencies:

- City Public Works.....(503) 786-7606
- Fire / Police Dispatch.....(503) 786-7500
- North Clackamas School District #12....(503) 353-6000
- Tri-Met.....(503) 661-8117

Permittee shall notify applicable utility companies **48 hours** prior to start of work.

Milwaukie Engineering must be notified prior to each stage of construction.

SITE INFORMATION:

Address: _____

Project Name: _____

Map & Tax Lot(s): _____

Description of Work: _____

RESPONSIBLE PARTIES:**PROPERTY OWNER:**

Mailing address: _____

State/Zip: _____

Phone(s): _____

Email: _____

APPLICANT:☐

Contractor

☐

Representative

☐

Other:

Business Name: _____

Mailing address: _____

State/Zip: _____

Phone(s): _____

Email: _____

CCB License #:

City/Metro Lic. #:

Insurance: _____

Policy #: _____

We hereby agree to replace said premises satisfactory to the City Engineer at our own expense, and to hold the City of Milwaukie harmless from any and all damages or expense caused by, or in any way connected with, the use of said property or restoring the same to its original condition. City specifications shall be met unless otherwise authorized by the City Engineer or their authorized representative. If work cannot be completed by expiration date, applicant must apply for an extension.

Applicant Name/Business_____
Applicant Signature_____
Date**SEE REVERSE FOR ADDITIONAL INFORMATION**

RIGHT-OF-WAY PERMIT GENERAL PROVISIONS:

Traffic Control Requirements

1. A Traffic Control Plan is required for any work that will obstruct the normal flow of vehicular or pedestrian traffic. The plan must be submitted to the City for review and approval 48 hours before beginning work.
2. Employ traffic control signage/methods per Manual on Uniform Traffic Control Devices (MUTCD) or Oregon Temporary Traffic Control Handbook. On jobs where a specific traffic control plan is required, work shall not begin until the plan has been reviewed and approved by the City.
3. One travel lane must remain open at all times unless otherwise specified on the traffic control plan.

Hours of Work

Noise generating equipment is limited to the following hours of operation by the City's noise ordinance (MILWAUKIE MC 8.08.070I): Weekdays 7:00 a.m. to 7:00 p.m.; Saturdays 8:00 a.m. to 5:00 p.m. See front of permit for the hours the project street may be occupied.

Erosion Prevention and Sediment Control Requirements

1. See Milwaukie Municipal Code Title 16 Chapter 16.28 Erosion Control
2. Cover all stock piles with plastic.
3. Do not stock pile in the street.
4. Mud or other debris may not be washed into the City's storm or sanitary system or deposited in the right-of-way.
5. For more information, visit the Erosion Prevention and Control webpage:
www.milwaukieoregon.gov/publicworks/erosion-prevention-and-control

Other Provisions

Please see other applicable General Provisions based on the type of right-of-way permit applied for at www.milwaukieoregon.gov/engineering/right-way-permit-application.

- Construction General Provisions
***Construction permits may require a refundable deposit of \$1,500.** Deposits require completion of a Deposit Authorization Form, found at www.milwaukieoregon.gov/building/deposit-authorization-form.
- Intersection Painting General Provisions
- Parklet General Provisions

DEPOSIT INFORMATION:

Deposit Paid By:		Email (for questions):	
Association with this permit?	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other:
Mailing Address for Refund:		State/Zip:	
Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
If paying by credit card, name (as it appears on the card):			
Billing Address:		Same as Mailing Address: <input type="checkbox"/>	
Is this a company credit card?		If yes, what is the company name?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

SIGNATURE:

By completing and submitting this form, you agree that this information is accurate and current to the best of your knowledge.

Signature

Date