



CLACKAMAS COUNTY - DTD
 ENGINEERING DEPARTMENT
 Development Services Building
 150 Beavercreek Road, Oregon City OR 97045
 Phone (503) 742-4400 Fax (503) 742-4659

OFFICE USE ONLY

ROAD # _____
 MAP PAGE _____
 #RP _____
 AGR / CA / PA

UTILITY PLACEMENT APPLICATION

Date of Application:	Reviewed by (Office use only): BOND \$ _____,000 / Warranty Period: _____ Year(s) / Date _____ By: _____ <input type="checkbox"/> CDF <input type="checkbox"/> GRANULAR <input type="checkbox"/> GRANULAR – NO ST CUT <input type="checkbox"/> BORE/PUSH <input type="checkbox"/> PLOW <input type="checkbox"/> CORE DRILLS <input type="checkbox"/> AERIAL/POLES <input type="checkbox"/> SEE SPECIALS		
Applicant's/Company Name & Contact Person (Please print):		Applicant's Address (Please Print):	
Telephone Number:	Email Address	<u>REQUIRED</u> - 24 hr. Emergency Number:	
Contractor's Name & Contact Person – If different from above (Please Print):		Contractor's Address (Please Print)	
Telephone Number:	Email Address		
Purpose of this Application: (Please check or write in your choice(s)) <input type="checkbox"/> (Directional) <input type="checkbox"/> Bore; <input type="checkbox"/> Push; <input type="checkbox"/> Street Cut; <input type="checkbox"/> Plow; <input type="checkbox"/> Trench (shoulder work); <input type="checkbox"/> Pole; <input type="checkbox"/> Other (specify) _____			
Type of Utility: <input type="checkbox"/> Cable <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Phone <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm <input type="checkbox"/> Telecomm <input type="checkbox"/> Water <input type="checkbox"/> Other (specify) _____			
(Applicant's Project Number(s) _____)		(Permits+ Project# PR _____)	
(County Subdivision Name: _____)		(Land Use File# Z _____)	
Location of the Proposed Utility Placement : Nearest cross street and/or nearest address:			
Description of Work:			
Legal Description of location -		Township _____(S)	Range _____(E/W) Section _____
GPS, if known –			
Size of the Proposed Excavation		Width _____	Depth _____ Length _____
<i>(Depth - 30" Minimum below lowest point of the existing road and ditch grade)</i>			
Proposed Start Date: _____		Proposed Completion Date: _____	
<u>Attach two (2) sets of project plans</u> Plans Prepared by: _____ Number of pages: _____		<input type="checkbox"/> Plans including a bridge crossing. Submit an additional set of placement plans for the Bridge Dept. _____ Bridge Superintendent Signature	
<u>Attach two (2) sets of the traffic control plan:</u> Plan Prepared by: _____			
<u>Submit a proof of insurance certificate naming Clackamas County as additional insured:</u> Insurance Coverage Provider: _____ Policy Number: _____ Expiration Date: _____			
<u>Include the applicable surety forms</u> Bond or Surety Company: _____			
> ALLOW TWO WEEKS FOR COUNTY STAFF REVIEW. A COMPLETED PERMIT FORM WILL BE RETURNED FOR YOU TO REVIEW, SIGN AND RETURN. >ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0010 through OAR 952-001-0090. You may obtain copies of these rules by calling (503) 232-1987.			
Applicant's Signature: _____		Printed Name: _____	