

City of Springfield

ENCROACHMENT PERMIT APPLICATION

225 FIFTH STREET
 SPRINGFIELD, OREGON 97477
 ENGINEERING DIVISION
 TEL. (541) 726-3753



ENCROACHMENT
 PERMIT
 NUMBER: _____

APPLICATION DATE: _____

DATE ISSUED: _____

LOCATION OF WORK:

APPLICANT: _____ PHONE: _____
 SITE ADDRESS: _____ TAX MAP: _____
 CITY: _____ STATE: _____ ZIP: _____ TAX LOT: _____
 SUBDIVISION: _____
 OWNER: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 CONTRACTOR: _____ ADDRESS: _____ PHONE: _____
 CONTRACTOR REGISTRATION NUMBER: _____ EXPIRATION DATE: _____
 PROJECT SUPERVISOR: _____ PHONE: _____

REQUESTED PERMITS:

INSPECTIONS REQUIRED:

APPLICATION FEE/DEPOSIT

ACCOUNT NO:

ENCROACHMENT PERMIT NO. _____ _____ **\$139.50 /** _____
VALID FOR SIXTY (60) DAYS FROM DATE OF ISSUANCE.
 CUT STREET BORE OTHER _____ _____
 DUST CONTROL (TYPE) _____
 CONSTRUCTION, STORAGE, STAGING _____ _____
 OTHER _____ _____ \$ _____
 ASPHALT DEPOSIT _____ \$ _____
 SECURITY DEPOSIT (TYPE) For: _____ \$ _____
 BLANKET SURETY BOND SURETY BOND CASH/CHECK
 SANITARY SEWER CONNECTION MAIN LINE (EASEMENT/ROW) TO STUB OTHER _____
 STORM SEWER CONNECTION CATCH BASIN / BUBBLER STUB MAIN
 PROOF OF INSURANCE (\$500,000 minimum): ATTACHED ADDITIONAL REQUIRED AMOUNT: \$ _____
 5% Technology Fee: \$ _____ **TOTAL DUE WITH PERMIT: \$** _____

DESCRIPTION OF PROJECT:

PERIOD OF USE OR TIME OF CONSTRUCTION: FROM DATE: _____ TIME: _____
 PLANS (TWO SETS) ATTACHED ...TO DATE: _____ TIME: _____
 AREA ... LENGTH: _____ WIDTH: _____ DEPTH: _____ HEIGHT: _____
 TYPE OF WORK ... CUT: _____ BORE: _____
 OTHER: _____
 EXISTING SURFACE MATERIAL: _____ BACKFILL MATERIAL: _____
 BACKFILL MATERIAL TO BE UTILIZED: _____
 SURFACE REPLACEMENT MATERIALS TO BE UTILIZED: _____
 TYPE OF DUST CONTROL TO BE UTILIZED: _____
 NAME OF OTHER UTILITIES IF THIS IS A JOINT PROJECT: _____
 WARNING DEVICES TO BE UTILIZED: _____
Advance signing and work zone protection to be in compliance with the Manual on Uniform Traffic Control Devices (MUTCD).
 DESCRIPTION: _____

PLAN REVIEW COMMENTS / SPECIAL INSTRUCTIONS

RESTORATION WORK SHALL BE IN CONFORMANCE WITH EXISTING CITY CODES AND IN COMPLIANCE WITH CURRENT STANDARD SPECIFICATIONS, EXCEPT AS NOTED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> 001 Backfill with ¾" minus rock. | <input type="checkbox"/> 019 Minimum 4' clearance at any point, swing-away. |
| <input type="checkbox"/> 002 Compact every 18" loose depth. | <input type="checkbox"/> 020 Concrete minimum 4" depth, 3,000psi. |
| <input type="checkbox"/> 003 Requires compaction with a steel roller. | <input type="checkbox"/> 021 Trench to be "T" cut. |
| <input type="checkbox"/> 004 A.C. to match the greater of existing depth or 4". | <input type="checkbox"/> 022 Needs State / County permit. |
| <input type="checkbox"/> 005 All cuts sealed for final inspection. | <input type="checkbox"/> 023 No above-ground enclosing in sidewalk or handicap ramps. |
| <input type="checkbox"/> 006 Temporary patch may be used at the end of the day. | <input type="checkbox"/> 024 Diamond cut A.C. / Concrete value boxes to grade. |
| <input type="checkbox"/> 007 Signing and Zone protection to comply with MUTCD. | <input type="checkbox"/> 025 Fresh Oil signs / Graded. |
| <input type="checkbox"/> 008 Cut concrete only on score lines or cold joints. | <input type="checkbox"/> 026 Comply with Americans With Disabilities Act. |
| <input type="checkbox"/> 009 Sidewalks and driveways min. 3,000psi. | <input type="checkbox"/> 027 Concrete slabs, 72hrs curing time, 4500psi. |
| <input type="checkbox"/> 010 Curbing min 3,500psi / No patchwork less than 3'. | <input type="checkbox"/> 028 Concrete slabs require joint seal material. |
| <input type="checkbox"/> 011 Meet min. requirements on curb cuts, Spfld code. | <input type="checkbox"/> 029 Driveway requires dowels every 18". |
| <input type="checkbox"/> 012 Restore planted areas, Spfld code 206.3.05 | <input type="checkbox"/> 030 Submit traffic control plan prior to excavation |
| <input type="checkbox"/> 013 Spec. to Bore / Jack / No A.C. cuts. | <input type="checkbox"/> 031 Notify Traffic Division before excavation. |
| <input type="checkbox"/> 014 Mechanical compacting required. | <input type="checkbox"/> 032 Core drill main line, insert tee, 2% min grade. |
| <input type="checkbox"/> 015 No patchwork allowed. | <input type="checkbox"/> 033 Must comply with the provisions of ORS 757.541 to 757.571 |
| <input type="checkbox"/> 016 Lateral cuts to have control density fill. | <input type="checkbox"/> 034 6" Circular hole / H2O-Vac. |
| <input type="checkbox"/> 017 Cuts to be polymerized crack sealed for final inspection. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 018 Minimum 2" crushed rock ¾" minus. | |

Comments: _____

 YOU ARE REQUIRED TO CONTACT
 THE OREGON UTILITY NOTIFICATION CENTER'S
 "ONE CALL" NUMBER: **811**
 TWO (2) WORKING DAYS BEFORE DIGGING
www.digsafelyoregon.com

INSPECTIONS:

- CURB CUT AND SIDEWALK INSPECTIONS CALL 541-726-3769 (RECORDER), STATE YOUR DESIGNATED CITY JOB/PERMIT NUMBER, JOB ADDRESS, TYPE OF INSPECTION REQUESTED, AND WHEN YOU WILL BE READY FOR INSPECTION, CONTRACTOR'S OR OWNER'S NAME AND PHONE NUMBER. REQUESTS RECEIVED BEFORE 7:00 A.M. WILL BE MADE THE SAME DAY; REQUESTS MADE AFTER 7:00 A.M. WILL BE MADE THE NEXT WORKING DAY. INSPECTIONS ARE TO BE CALLED IN AFTER EXCAVATIONS ARE MADE AND FORM WORK IS IN PLACE BUT PRIOR TO POURING CONCRETE.
- SANITARY SEWER, STORM SEWER, ENCROACHMENT PERMIT, AND OTHER INSPECTIONS CALL CITY MAINTENANCE AT 541-726-3761.

SIGNATURE:

AMOUNT RECEIVED: _____ DATE PAID: _____
 RECEIPT NUMBER: _____ RECEIVED BY: _____

By signature, I state and agree that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances or the City of Springfield, applicable City Standard Specifications and Drawings, and the laws of the State of Oregon pertaining to the work described herein. I further certify that only contractors and employees who are in compliance with ORS 701.055 will be used on the project.

The City may inspect the work site described in this permit at any time during a one year period following the receipt by the City of notice of completion of the described work and specify, at the City's sole discretion, any additional restoration work required to return the site to a standard acceptable to the City. The permittee will be notified in writing of any work required and will have thirty (30) days from the date of the notice to complete the work. Work not completed at the end of the thirty days will be performed by the City and the costs will be billed to the permittee.

I further agree to ensure that all required inspections are requested at the proper time, that the project address is readable from the street, and the approved set of plans will remain on the site at all times during construction.

Signature: _____ Date: _____

VALIDATION:

- TRAFFIC REVIEWED BY: _____ DATE: _____
- ENGINEERING REVIEWED BY: _____ DATE: _____
- MAINTENANCE: _____ DATE: _____
- PERMIT ISSUED BY: _____ DATE: _____

FOR SIDEWALK AND CURB CUT PERMITS PLACE A COPY (COMPLETED) IN PERMIT DRAWER.

INSPECTION: _____ DATE: _____
 INSPECTION: _____ DATE: _____
 WORK IN PROGRESS: _____ DATE: _____
 AT TIME OF COMPLETION: _____ DATE: _____
 ELEVENTH MONTH: _____ DATE: _____
 DEPOSIT RETURNED: _____ DATE: _____