

# Driveway/Sidewalk Permit Application

Application Date:

Permit Number:

Issue Date:

225 Fifth Street, Springfield, Oregon 97477  
 Transportation & Engineering Section, Public Works Department  
 Phone: 541 726-3753



**SITE INFORMATION**

Location of Work: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone:

Address: \_\_\_\_\_ Tax Map \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tax Lot \_\_\_\_\_

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Subdivision \_\_\_\_\_

Owner: \_\_\_\_\_ Phone:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**REQUESTED PERMITS:**

- Sidewalk Amount of sidewalk in excess of 90 feet \_\_\_\_\_
- Sidewalk Repair
- Curb Cut/Driveway: Number of Driveways \_\_\_\_\_
- Multiple Permit Discount each: (Maximum 2)  
 Multi permit discount good for one site and one site inspection only applies to 2nd and 3rd permits only. Not sidewalk repairs
- 5% Technology fee
- Proof of Insurance: \$500,000 Minimum if work is done by property owner.
- Facility Meets 2011 PROWAG For ADA Compliance

Fees	
\$121.00	@\$0.11 SF
\$22.00	
X \$121.00 1st Cut	X \$65 2nd Cut
\$41	
Total due with permit \$ _____	

**CONTRACTOR'S INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contractor Registration # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Project Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

**INSPECTIONS:**

An inspection request should be made prior to pouring concrete, after the proposed work has been formed and made ready to pour. Curb cut and sidewalk inspections call: 541 726-3769 (recording) State your designated City job number/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 am will be made the same day, requests after 7:00 am 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.**

**You are required to call: The Lane Utilities Coordinating Council's "One Call Number" 1-800-332-2344, 48 hours before before digging.**

**SIGNATURE:**

Amount Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Received By: \_\_\_\_\_

By signature, I state and agree that I have carefully examined the completed application and do here by 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 of 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.

The City may inspect the work site described in this permit at any time during a one year period following 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 days (30) from the date of the notice to complete the 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 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: \_\_\_\_\_