



Public Works Department

117 N Molalla Avenue
PO Box 248
Molalla, Oregon 97038
Phone: (503) 829-6855
Fax: (503) 829-3676

PUBLIC WORKS PROJECT PERMIT APPLICATION

PERMIT NUMBER: _____

PARCEL NUMBER: _____

APPLICANT'S SECTION (APPLICANT IS TO COMPLETE ITEMS 1-7)

1. NAME OF PROJECT: _____

2. OWNER/DEVELOPER: _____

3. OWNER'S ENGINEER: _____

4. CONTRACTOR: _____

NAME

PHONE

COM BUSINESS LICENSE

5. PROJECT'S CONTACT PERSON: _____

6. ESTIMATED CONSTRUCTION COST: _____

PLAN CHECK FEE: (Paid) _____

REVISED ESTIMATED PROJECT COST: _____

REVISED PLAN CHECK FEE: _____

7. I, _____ (owner) do hereby agree by my signature below to the preliminary fee as stated above for the plan review fee knowing said fee is based upon the preliminary cost estimate as stated and is subject to change and hereby agree that a response on the above mentioned project may not be verbally or in writing by the Public Works Department until 10 days from the signature date by the owner or his authorized agent. I further agree to comply with the above description plans and specifications as herewith approved by the Public Works Department and also with all rules, regulations, ordinances and resolutions pertaining to construction within Public R.O.W. or dedicated easements.

OWNER/DATE

8. **PLANS REVIEW EXPIRATION NOTICE**

Ninety (90) days has elapsed since the construction plans you submitted on the above date were approved resulting in the expiration of your plan review approval. Enclosed you will find a copy of your construction plans. Prior to beginning construction on this project the construction plans shall be reviewed for finalization. A revised plan review application shall be completed and the fee paid prior to the review.

PUBLIC WORKS DEPARTMENT/DATE



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9. **FEE SUMMARY:**

PERMIT NUMBER: _____

TOTAL PLAN REVIEW FEE	_____
BALANCE PLAN CHECK DUE	_____
PUBLIC WORKS PERMIT FEE	_____
TOTAL FEES DUE	_____
ADDITIONAL FEES PAID	_____

<u>PROJECT COSTS:</u>	<u>COST</u>	<u>DESCRIPTION</u>
A). WATER SYSTEM:	_____	_____
B). WASTEWATER SYSTEM:	_____	_____
C). STORMWATER SYSTEM:	_____	_____
D). ROADWAY AREA:	_____	_____
E). STREET LIGHTS:	_____	_____
F). OTHER:	_____	_____

10.

PERMIT ISSUED

I _____ do hereby agree by my signature below to assure that myself and all subcontractors under my direction and working on the above project shall have a valid City business license and hereby agree to forfeit all fines and penalties for failure of same. Such forfeiture will be with-held from my payment or retainage or added to the total cost of the permit. I have read and understand the City's "Public Work Standards" and "Standard Drawings".

PUBLIC WORKS DEPARTMENT/DATE

CONTRACTOR/DATE

11. **CONSTRUCTION WORK HOURS**

Pacific Standard Times
Monday - Friday: 7:00 am to 8:00 pm
Saturday: 9:00 am to 7:00 pm

Daylight Savings Time
Monday - Friday: 7:00 am to 8:00 pm
Saturday: 9:00 am to 7:00 pm

NOTE: Permission to work outside of normal business hours (Monday – Friday 7:00 am – 5:00 pm) must be requested and approved by the City of Molalla.

No noise originating on construction, demolition, and/or grading are allowed outside of normal business hours (Monday – Friday 7:00 am – 5:00 pm), or at any time on Sunday, without the written consent of the Building Official or Public Works Director, and may be subject to citation.