FOR CITY USE ONLY	
Project Name:_____	Permit No. _____
Special Conditions Attached Yes ( ) No ( ) Permit Authorized by:_____	Date of Authorization:_____

CITY OF CORVALLIS, ENGINEERING DIVISION
APPLICATION FOR PERMIT TO CONSTRUCT PUBLIC IMPROVEMENTS UNDER PRIVATE CONTRACT

PROJECT LOCATION:_____

DESCRIPTION OF PUBLIC IMPROVEMENTS (check public improvements to be constructed under private contract):
☐ Water ☐ Sanitary Sewer ☐ Streets/Lights ☐ Storm Drainage ☐ Other:_____

OTHER AGENCY APPROVAL (check required approvals from other governing agencies and include copies of the authorized permits):
☐ DSL ☐ ACOE ☐ Railroad ☐ ODOT ☐ Benton Co. ☐ ODEQ ☐ ODF&W

PROJECT SECURITY (check applicable form of security):
☐ Performance Bond (No.:_____) ☐ MIA (Acc't No.:_____) ☐ Plat
☐ Other: _____

24-HOUR EMERGENCY CONTACT & PHONE #:_____

I, the undersigned, hereby apply to the City of Corvallis Engineering Division for permission to construct public improvements under private contract. This is subject to and with full knowledge of the appropriate City of Corvallis Standard Construction Specifications, City Codes and Ordinances, Procedures and the attached Special Conditions. I understand that if these specifications, codes and ordinances, procedures and special conditions are not complied with, the City has the right and authority to issue a stop work order and impose a fine of $500 per day for each day that such violation continues. No construction shall be undertaken prior to receipt of the authorized permit. PIPC plan authorization and permit issuance are each effective for six months. If permit issuance has not commenced with six months of authorization or construction has not commenced within six months of permit issuance, re-application will be required and improvements will be subject to specifications and requirements in effect at the time of re-application.

In Witness Whereof, the undersigned has caused this Permit Application to be executed. If Applicant is an entity (Inc., LLC, LLP, Co., etc) or principal, their representative, by signing below, certifies that such representative is authorized by Applicant to execute this Permit Application.

_____
Applicant Date

STATE OF OREGON)
: ss.
County of Benton)

This instrument was acknowledged before me this _____ day of _____, 20_____,
by _____ .

_____
NOTARY PUBLIC FOR OREGON
My Commission Expires _____