CITY OF AURORA-PUBLIC WORKS DEPARTMENT RIGHT OF WAY/UTILITY PERMIT APPLICATION

(APPROVED PERMITS EXPIRE Two (2) MONTHS FROM THE DATE OF APPROVAL)

MAILING ADDRESS CONTACT INFORMATION City of Aurora- Public 503.678.1283

503.678.2758 (FAX Public Works) Works 21420 Main St NE pws@ci.aurora.or.us Aurora OR 97002

OFFICE USE ONLY
Permit No:
AMT Due:
Date Received:
Application Approved:
By:
Date:

Aurora, OK 97002	www.	ci.aurora.or.us	By:	
Application is made to:			Date:	
Street Storm Drain			ary Sewer	
Sidewalk	Other	water	I	
		cessary):		
			To:	
Address:				
Owner's Name: Owner's P				
Owner's Email:				
Easement Required? No				
•		Engineer Dh	ione:	
Engineer Email:			ione	
			Phone:	
Contractor Email:				
Liability Insurance Amount: \$		Certificate of Insurance Attached:		
Proposed Work Schedule: Begin Date:		Completion Date:		
Additional Comments:				
	ce Bond Attached: bove description, parora and with al	plans and speci I applicable ru	ifications herewith submitted and as ules, regulations, ordinances, and oved permit at the iobsite.	
Applicant's Signature		Print Name		
Applicant's Phone:				
Applicant's Address:				