

CITY OF HUBBARD-PUBLIC WORKS DEPARTMENT
RIGHT OF WAY/UTILITY PERMIT APPLICATION
(APPROVED PERMITS EXPIRE Two (2) MONTHS FROM THE DATE OF APPROVAL)

MAILING ADDRESS

City of Hubbard- Public Works
P.O. Box 380
Hubbard, OR 97032

CONTACT INFORMATION

503.982.9429
503.981.8734(FAX City Hall)
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www.cityofhubbard.org

OFFICE USE ONLY

Permit No: _____
AMT Due: _____
Date Received: _____
Application Approved: _____
By: _____
Date: _____

Application is made to: ☐ Construct ☐ Alter

☐ Street ☐ Curb ☐ Sanitary Sewer
☐ Storm Drain ☐ Driveway ☐ Water
☐ Sidewalk ☐ Other

Description of work (*attach a separate sheet if necessary*): _____

Location of work: _____

Right of Way: ☐ **Street:** _____ **From:** _____ **To:** _____

Address: _____

Owner's Name: _____ **Owner's Phone:** _____

Owner's Email: _____

Owner's Address: _____

Easement Required? ☐ No ☐ Yes

Engineer Name: _____ **Engineer Phone:** _____

Engineer Email: _____

Contractor Name: _____ **Contractor Phone:** _____

Contractor Email: _____

Liability Insurance Amount: \$ _____ **Certificate of Insurance Attached:** _____

Proposed Work Schedule: Begin Date: _____ **Completion Date:** _____

Additional Comments: _____

Plans Attached (Three (3) Copies): _____

Performance and Maintenance Bond Attached: _____

I agree to comply with the above description, plans and specifications herewith submitted and as approved by the City of Hubbard, and with all applicable rules, regulations, ordinances, and resolutions of the City of Hubbard. I will keep a copy of the approved permit at the jobsite.

Applicant's Signature

Print Name

Applicant's Phone: _____

Applicant's Email: _____

Applicant's Address: _____