



City of Ontario Right-of-Way Permit Application

Contractor Information

Date of Application: _____ Job Number: _____

CCB #: _____ Permit Number: _____

Contractor's Name: _____ Address: _____ Phone: _____

Company Name: _____

Company Address: _____

Name of Project Foreman: _____ Cell Phone Number: _____

Business Phone Number: _____ Emergency Phone Number: _____

Project Information

Start Date: _____ Completion Date: _____

A fee of \$15.00 per day will be levied for each day that the project exceeds the above listed completion date.

Location of Work

Location of Work: _____ Cross Streets: _____ and _____

Type of Work

Description of Work: _____ Subdivision Name: _____

Please check all that are applicable:

- | | |
|---|--|
| <input type="checkbox"/> Bell Hole/Bore/Trench <50 ft | <input type="checkbox"/> Trench Work _____ ft. |
| <input type="checkbox"/> Obstruction/Overhead Work | <input type="checkbox"/> Pressure Irrigation |
| <input type="checkbox"/> Concrete Repair Necessary (\$50 base + lf) _____ | <input type="checkbox"/> Alley |
| <input type="checkbox"/> Private Conduit or Fiber Optic Line | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Manhole Repairs | <input type="checkbox"/> Street Surfacing (\$50 base + \$0.25/sq yd) _____ |
| <input type="checkbox"/> Concrete Approach (\$50 base + \$0.25/lf) _____ | <input type="checkbox"/> Asphalt Approach (\$50 base + \$0.25/sq yd) _____ |
| <input type="checkbox"/> Dewatering Required | |

Traffic Control Justification

Please check all that are applicable:

- | | |
|---|--|
| <input type="checkbox"/> Map of Street and Work Area Showing Traffic Restrictions | <input type="checkbox"/> Time Restrictions _____ to _____ |
| <input type="checkbox"/> Multi-lanes ____ Yes ____ No | <input type="checkbox"/> Shoulder Work |
| <input type="checkbox"/> Sign Height 7 feet | <input type="checkbox"/> Two Lanes |
| | <input type="checkbox"/> Work Behind Sidewalk and Curb and Pedestrian Restrictions |

Please check all that are applicable: **Road Closure** **Lane Closure** **Lane Restriction** **Flagging**

Traffic Plan: Date Submitted: _____ Approved By: _____ Submitted By: _____

Detour Plan: Date Submitted: _____ Approved By: _____ Submitted By: _____

The following emergency and transportation agencies **MUST BE NOTIFIED** 48 hours prior to traffic closures and restrictions.

- | | |
|---|--|
| <input type="checkbox"/> City of Ontario Inspector (see top of issued permit) | <input type="checkbox"/> Malheur County Sheriff 473-5125 |
| <input type="checkbox"/> Ontario Police Dept. 889-7266 | <input type="checkbox"/> Ontario School District Superintendent 889-5374 |
| <input type="checkbox"/> Ontario Fire Dept. 881-3233 | <input type="checkbox"/> Seniors/Handicapped Bus Co. 889-7651 |
| <input type="checkbox"/> Oregon Utility Notification Center (800) 332-2344 | |