



City of Beaverton Public Works Site Development Division Phone: (503) 526-3724 Fax: (503) 526-2550
 12725 SW Millikan Way, PO Box 4755, Beaverton, OR 97076

SIDEWALK / DRIVEWAY APPROACH PERMIT APPLICATION

PROJECT LOCATION	ADDRESS:	GENERAL INFORMATION	
	_____		Is this code enforcement related? _____ If yes, please reference the file number from The Code Enforcement letter, along with The comply by date: _____ * * [] Sidewalk Repair [] Driveway Approach
OWNER	NAME OR NAME OF BUSINESS	CITY PROCEDURES	
	MAILING ADDRESS		1) Fill out this form, sign & date, attach fee. Apply in person or via email to smartin@beavertonoregon.gov
	CITY/STATE/ZIP		2) Hire a contractor.
	PHONE _____ EMAIL: _____		3) Obtain permit from Community Development, Site Development Section at least 24 hours prior to any work on site. The fee is \$100.00.
RESIDENT (IF RENTAL)	NAME	4) Contractor to notify inspection department at the City of Beaverton 24 hours prior to placing any concrete and schedule an inspection (503) 526-2400 or online: www.beavertonoregon.gov/departments/CDD/permitlookup.cfm	
	MAILING ADDRESS		5) A green tag, or an approved to pour inspection report means that it is ok to place concrete. If this is not present on site, or if a red "do not pour" tag is on site, a re-inspection is needed.
	CITY/STATE/ZIP		
	PHONE _____ EMAIL: _____		
ARBORIST (IF NEEDED)	NAME	*Required information	
	MAILING ADDRESS		
	CITY/STATE/ZIP		
	PHONE _____ LICENSE NUMBER _____ EMAIL: _____		
CONTRACTOR (IF KNOWN) Revised: 5/16	NAME		
	MAILING ADDRESS		
	CITY/STATE/ZIP		
	PHONE _____ LICENSE NUMBER _____ EMAIL: _____		

By my signature, I certify that I have read this application and agree that the supplied information above is correct. I agree to comply with all applicable City ordinances and State laws pertaining to the proposed construction and hereby authorize City representatives to enter upon the above property for inspection purposes. I understand and agree to pay all costs to repair or replace any property damaged while work is being performed under this permit and acknowledge that failure to pay these costs when due will constitute a violation of the terms of the permit and the City may avail itself to any and all legal remedies.

Authorized Signature: _____ Date: _____



**City of Beaverton – Site Development Division
Engineering Plan Review**

12725 SW Millikan Way, P.O. Box 4755, Beaverton, OR 97076 General Information (503) 526-3724
Fax: (503) 526-2550

BANK OR CREDIT CARD AUTHORIZATION

Today's Date: _____

Amount of Charge: _____ (\$1,000.00 Limit)

Job Address: _____

[] Visa or [] Mastercard Exp. Date: _____ Business
Zip Code: _____

Card Number: _____

Name as shown on card: _____

Authorized Signature: _____

Print Name of Signer: _____

Phone Number: (_____) _____

CONFIDENTIAL INFORMATION ONLY FOR PERMIT ISSUANCE

THIS DOCUMENT WILL BE SHREDDDED AFTER PROCESSING