



City Of Baker City
Public Works Department
 1655 1st Street, Baker City OR 97814
 (541) 524-2047

Permit # _____

Fee: _____

Sidewalk/Driveway/Curb Cut Application

Job Site Address: _____

Property Owner: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Contractor: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

CCB #: _____

Be Advised:
 *This permit is valid for 6 months after issuance.
 *Concrete work should never be done when outdoor temps may be 40°F or below, unless otherwise approved by staff.
 *If construction fails to meet City construction specifications, you may be required to tear out and re-do the work so that it is in compliance (Ordinance 2330).
 *Form inspections are required. Call at least 2 business days prior to pouring. Call 519-3444 or 519-8026.

Sidewalk	Sq. Feet	Cost	Total Cost
Up to 500 sq. ft.		\$53 base	
In excess of 500 sq. ft.		\$.11/sq. ft. in excess	
ADA curb at corner		\$100 base	
Total			

Does your project involve improvements to or new construction of a driveway approach?

No Yes

If "yes", what is the total width of the driveway you are proposing to construct? _____ **feet wide**
(not including 3' wings)

Does your project involve construction of a sidewalk?

No Yes

If "yes", what are the dimensions of the sidewalk project? _____ **ft. wide** x _____ **ft. in length**

By signing below the applicant acknowledges that he/she is aware of the City of Baker City's construction specification standards and that such standards will be met upon the time of construction by applicant or his/her designee, as outlined by Baker City Ordinance 2353.

Signed: _____

Dated: _____

Driveway	Cost	Total
	\$50 base/ea. (if not done w/sidewalk)	

Permit Reviewed by: _____

Approved: No Yes **Date:** _____

Staff Comments: _____

Forms Inspected by: _____

Date: _____

Inspection Notes: _____

Re-Inspection Needed? No Yes

Re-Inspection Notes: _____

Final Inspection by: _____

Date: _____ **Notes:** _____