



City of Baker City

Public Works Department

Application to Work in City Right-of-Way

Date: _____

PROPERTY INFORMATION

Property Description:

Address:

Description of Work:

Please allow two (2) working days before beginning construction, except in emergency situations.

Project Start Date:

Project Start Time:

Project End Date:

Project End Time:

APPLICANT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

COMPANY INFORMATION

Name:

Address:

City:

State:

Zip Code:

SITE PLAN REFLECTING SCOPE OF WORK

**Please Draw
Sketch to Show
North According to
Arrow Below**



EXCAVATION REGULATIONS

Applicant shall notify all utilities prior to excavation. Oregon Utility Notification Center – Call 811
Excavator for this project must comply with the provisions of ORS 757.542 to 757.571

CITY USE ONLY

Approved: **Yes** **No**

If approved, this permit is only valid for 6 months from the date of approval.

By: _____ **Title:** _____

Date: _____

Remarks: _____

Return application to:
*Public Works Department
City of Baker City
2551 Place Street
Baker City, OR 97814
Phone: 541-519-8026
Email: thayes@bakercity.gov*