



Community Development Department

315 Kennel Ave/PO Box 248

Molalla, OR 97038

Phone 503.759.0205

www.cityofmolalla.com

PUBLIC WORKS PROJECT PERMIT

Permit #: _____ Parcel #: _____

Applicant's Section (Applicant is to complete items 1-7)

1. Name of project: _____

2. Owner/Developer: _____ Phone: _____

3. Owner's Engineer: _____ Phone: _____

4. Contractor: _____ Phone: _____ Com Bus Lic: _____

5. Project's contact person: _____ Phone: _____

6. Estimated construction cost: _____

Plan Check Fee (3% -Paid): _____

7. I, _____ (owner) do hereby agree by my signature below to the preliminary fee as stated above for the plan review fee knowing said fee is based upon the preliminary cost estimate as stated and is subject to change and hereby agree that a response on the above mentioned project may not be verbally or in writing by the Public Works Department until 10 days from the signature date by the owner or his authorized agent. I further agree to comply with the above description plans and specifications as herewith approved by the Public Works Department and with all rules, regulations, ordinances pertaining to construction within Public R.O.W. or dedicated easements.

Signature: _____ Date: _____

8. PLANS REVIEW EXPIRATION NOTICE

Ninety (90) days has elapsed since the construction plans you submitted on the above date were approved resulting in the expiration of your plan review approval. Enclosed you will find a copy of your construction plans. Prior to beginning construction on this project, the construction plans shall be reviewed for finalization. A revised plan review application shall be completed, and the fee paid prior to the review.

Public Works Dept: _____ Date: _____

FOR OFFICIAL USE ONLY

Permit #: _____

9. Fee Summary

Plan review fee paid [A]: _____

Final construction cost estimate: _____

Final plan review fee(3%)[B] : _____

Final permit fee (2%) [C]: _____

Final fees due (5%) [D]=[B]+[C] _____

Permit fee due [D]-[A]: _____

Permit fee paid: _____

PROJECT COSTS:

A.) Water system Cost: _____ Description: _____

B.) Wastewater system Cost: _____ Description: _____

C.) Stormwater system Cost: _____ Description: _____

D.) Roadway area: Cost: _____ Description: _____

E.) Street lights: Cost: _____ Description: _____

F.) Other: Cost: _____ Description: _____

10. PERMIT ISSUED

I _____, do hereby agree by my signature below to assure that myself and all subcontractors under my direction and working on the above project shall have a valid City business license and hereby agree to forfeit all fines and penalties for failure of same. Such forfeiture will be with-held from my payment or retainage or added to the total cost of the permit. I have read and understand the City's "Public Work Standards" and "Standard Drawings".

Public Works Dept: _____ Date: _____

Contractor: _____ Date: _____

11. CONSTRUCTION WORK HOURS - PST/Daylight Savings Time - M-F - 7:00am to 8:00pm.

Permission for inspection services outside of normal business hours (Monday – Friday 7:00am – 5:00 pm) must be requested and approved by the City of Molalla at least one week in advance of service.