

**City of Winston Public Works Department
Application for Right of Way activity and Access Permit**

Date: _____ Authorization No: _____ Permit No.: _____

I, _____, hereby make application for an
(Firm Name/Applicant's Name - Please Print)
activity permit upon the Right of Way of _____

(Street name and address)

in strict conformity to the attached exhibits, subject to all terms and conditions contained in the application and permit, and applicable State and local laws, ordinances, rules and regulations regarding roads and Right of Ways.

Description of Work to be performed: _____

Site plan is required for application review.

This Work will be performed by : Applicant: Contractor: Other:

I have read and understand the permit conditions as listed on the attached sheet.

Signature

Mailing Address

Phone - Where you can be reached

City

State

Zip

Office Use Only

Special Provisions: _____

You are hereby authorized to conduct the above described activity

Approval

Effective Date

Expiration Date

Completed work inspected and approved by: _____ Date _____

Submit to: City of Winston Public Works Department
201 Douglas Blvd.
Winston, OR 97496
541-679-6114

