



City of Beaverton Site Development Division

Phone: (503) 530-4002 Fax: (503) 526-2550

12725 SW Millikan Way, 4th Floor / PO Box 4755, Beaverton, OR 97076

SIDEWALK / DRIVEWAY APPROACH PERMIT APPLICATION

PROJECT LOCATION	ADDRESS:	GENERAL INFORMATION

OWNER	NAME OR NAME OF BUSINESS	If yes, please reference the file number from The Code Enforcement letter, along with
	MAILING ADDRESS	The comply by date: _____
	CITY/STATE/ZIP	* _____
	PHONE _____ EMAIL: _____	[] Sidewalk Repair [] Driveway Approach
CITY PROCEDURES		
RESIDENT (IF RENTAL)	NAME	1) Fill out this form, sign & date, attach fee. Apply in person or via email to smartin@beavertonoregon.gov
	MAILING ADDRESS	2) Hire a contractor.
	CITY/STATE/ZIP	3) Obtain permit from Community Development, Site Development Section at least 24 hours prior to any work on site. The fee is \$100.00.
	PHONE _____ EMAIL: _____	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:
ARBORIST (IF NEEDED)	NAME	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 _____ LICENSE NUMBER _____	
* CONTRACTOR (IF KNOWN)	NAME	
	MAILING ADDRESS	
	CITY/STATE/ZIP	
	PHONE _____ LICENSE NUMBER _____	
Revised: 5/16	EMAIL: _____	*Required information

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