City of Mt. Angel

WORK IN THE RIGHT OF WAY
PERMIT APPLICATION

1. Company Name:_____
2. Contact Person Name:_____
3. Phone Number: _____
4. Email Address: _____
5. Mailing Address: _____
6. Project Address/Location:_____
7. Project Description:_____
8. Proposed Start Date: _____ End Date: _____

Note: a permit is valid only for the dates requested and approved and may not exceed one (1) year.

Please provide a map of the project location with this application, indicating the location of any structures, sidewalks, curbs, water meters, or utility poles.

City Use Only

Permit Fee: $50 (per Council fee schedule) Date Paid: _____ Receipt #: _____

Public Works Department:

Approved ___ Denied ____ Signature _____ Date: _____

Rev. Dec. 2014