



City of Baker City, Oregon  
Public Works Department

P.O. Box 650  
Baker City, OR 97814-0650  
541-523-6541 Voice/TDD

**APPLICATION TO WORK IN CITY RIGHT-OF-WAY**

Date: \_\_\_\_\_ Applicant Phone No.: \_\_\_\_\_ Applicant Fax No.: \_\_\_\_\_

We request City approval to complete work within the City right of way as shown on the sketch below.

Street address of work: \_\_\_\_\_

Description of work: \_\_\_\_\_

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

Project Start Date: \_\_\_\_\_

Project Start Time: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Project End Time: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

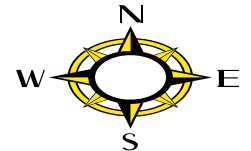
Company Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

**SKETCH**

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



**EXCAVATION REGULATIONS**

Excavator for this project must comply with the provisions of ORS 757.541 to 757.571

Applicant shall notify all utilities prior to excavation.  
Oregon Utility Notification Center - Call 811

**Return application to:**  
Public Works Department  
City of Baker City  
1655 1st Street  
Baker City, OR 97814  
Phone 541.524.2045  
Fax 541.524.2029  
Email [locates@bakercity.com](mailto:locates@bakercity.com)

<b>City Use Only</b>	
<b>Approved:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If approved, this permit is only valid for 6 months from the date of approval.</i>	
<b>By:</b>	_____
<b>Title:</b>	_____
<b>Date:</b>	_____

**Remarks:**
