



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: \_\_\_\_\_

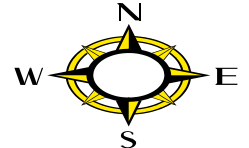
Company Name: \_\_\_\_\_

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 541.524.2037  
Fax 541.524.2029  
Email [locates@bakercity.gov](mailto:locates@bakercity.gov)

| <b>City Use Only</b>  |  |
|---|--|
| Approved:   | 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> |  |
| By:   | _____  |
| Title:  | _____  |
| Date:   | _____  |

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_