



# City of Sisters Road Cutting Construction Permit

Date: \_\_\_\_\_

Fee: \$ \_\_\_\_\_  
\$10.00 per Foot

Property Owner: City of Sisters

Mailing Address: P. O. Box 39  
Sisters, Or 97759

Project Address: \_\_\_\_\_

Phone: (541) 323-5212 Tax Lot Description: \_\_\_\_\_  
\_\_\_\_\_

Contractor/Utility Provider \_\_\_\_\_ CCB License #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Liability Ins. #: \_\_\_\_\_

## SITE PLAN APPROVAL

Sketch by owner or contractor showing location of work shall be submitted for approval prior to commencing work.

Public Works Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Public Works Approval

Sisters City Hall 520 E. Cascade Avenue P. O. Box 39 Sisters, OR 97759  
Ph (541)549-6022 Fax (541)549-0561

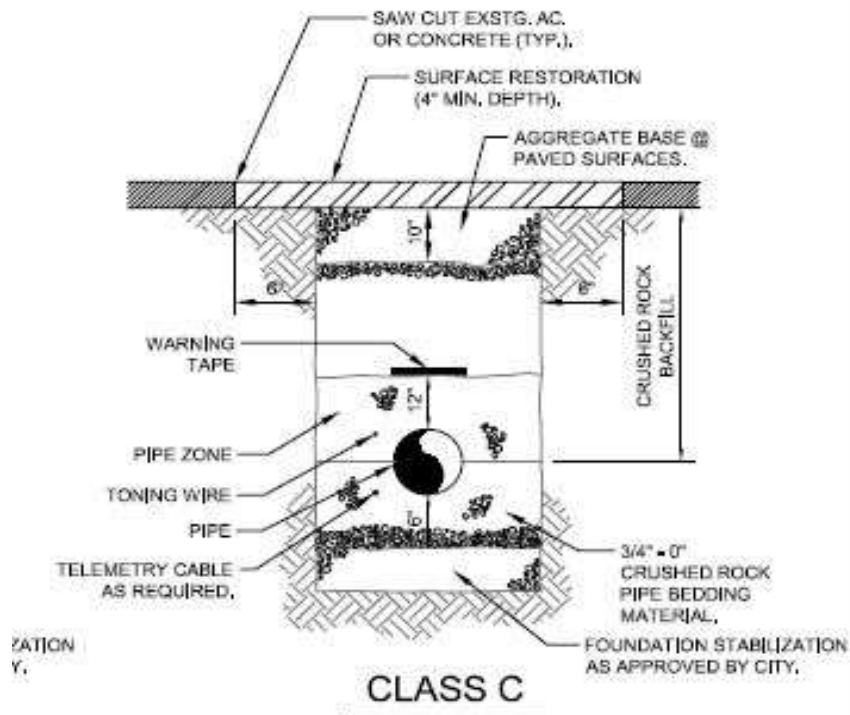
[www.ci.sisters.or.us](http://www.ci.sisters.or.us)

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- NOTE: 1. All work will conform to City Standards & Specifications.  
2. All work to be inspected and approved by the Public Works Department prior to backfill.  
Please call (541) 323-5212 to set up your inspection.



## JOB SITE INSPECTION & APPROVAL

Date: \_\_\_\_\_

Public Works Approval \_\_\_\_\_

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