



CITY OF PENDLETON
 500 SW Dorion Avenue
 Pendleton, OR 97801
 (541) 966-0203
 FAX (541) 966-0251

Completed forms can be dropped off to
 2nd Floor of City Hall or emailed to:
inspections@ci.pendleton.or.us

ENGINEERING APPLICATION Date: _____
 Staff: _____

Name of project: _____			
Applicant: _____ (Name, Title)		Company: _____ Phone No.: _____	
Applicant address: _____			
List people applicable to project (owner, developer, president of corporation, architect/engineer, contractor, etc):			
1) Name: _____ Title: _____		<input type="checkbox"/> Main project contact	
Company: _____		Address: _____ Phone No.: _____	
2) Name: _____ Title: _____		<input type="checkbox"/> Main project contact	
Company: _____		Address: _____ Phone No.: _____	
3) Name: _____ Title: _____		<input type="checkbox"/> Main project contact	
Company: _____		Address: _____ Phone No.: _____	
4) Name: _____ Title: _____		<input type="checkbox"/> Main project contact	
Company: _____		Address: _____ Phone No.: _____	
BILLING INFORMATION:			
Name: _____		Address: _____ Phone No.: _____	
Scope/purpose of project: _____		Valuation: _____	
Project location: _____			
Map: _____ Tax Lot: _____		Zone: _____	Present use: _____
Are there any ongoing/previous planning actions associated with this project and if so, what are they? _____ _____			
Planning File No.: _____		Completion Date: _____	Planning File No.: _____
Completion Date: _____		Completion Date: _____	Completion Date: _____
Planning File No.: _____		Completion Date: _____	Planning File No.: _____
Completion Date: _____		Completion Date: _____	Completion Date: _____

Applicant's signature **Date**

