

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:	Compa	any:	Phone No.:	
(Name, Title)				
Applicant address:				
List people applicable to pro	ect (owner, developer,	, president of corporat	ion, architect/engi	neer, contractor, etc):
1) Name:	Title:_			Main project contact
Company:				_
Address:			Phone No.:	
2) Name:	Title:			Main project contact
Company:				
Address			Phone No.:	
3) Name:	Title:			Main project contact
Company:				
Address:			Phone No.:	
4) Name:	Title:	1		Main project contact
Company:		· · · · · · · · · · · · · · · · · · ·		_
Address:			Phone No.:	
BILLING INFORMATION:				
Name:				
Address:				0.:
Scope/purpose of project:			Valuat	
Project location:				
Map: Tax	Lot:	Zone:	Present use:	
Are there any ongoing/previous	planning actions associa	ated with this project an	d if so, what are they	/?
	Completion			Completion
Planning File No.:	Date: Completion	Planning File N	0.:	
Planning File No.:		Planning File N	0.:`	Completion Date:

Date

Applicant's signature

FOR OFFICE USE ONLY

				Calculation o	f Deposit		
Engineer	ing Project N	0.:					-
-	<u>Esti</u>	mated Con Less than \$30,000 - More than	\$80,000	<u>ost</u>	Deposit (% of	f estimated construction cost) 2 % 1 ½ % 1 %	
Calculati	on of deposit:				•,		
Amount of estimated deposit:			Date: Initials:				
		D 1.4		DEPOSITS RI	ECEIVED	,	
Date	Amt. Paid	Receipt No.	Initials	Comments/Deposits re		copy of receipt and check):	
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-				REVISIONS/SU			
Date		n/Out nitials)		*	DWITTALS		_
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SEND COPY OF RECEIPT FOR DEPOSIT AND APPLICATION TO FINANCE DEPARTMENT AND TO CITY ENGINEER