

CITY OF BEND REVOCABLE PERMIT

Permit Center

710 NW Wall St

Bend, OR 97701

P: 541-388-5580

F: 541-388-5519

Submit completed forms to: comdeveng@bendoregon.gov



COMMUNITY
DEVELOPMENT

Contact Information

Submitter Name: _____

Phone: _____ Email: _____

Address: _____

City

State

Zip Code

Proposal

Proposed Activity: _____

Duration of Activity: _____ Date/Time: _____ Date/Time: _____

(Start)

(End)

Property Information

Property location (address, cross street, intersection, general area): _____

Tax map & parcel number: _____

Submittal Requirements

- Written Narrative describing purpose, intent and activities proposed in the City right-of-way.
 - Safety consideration and precautions plan to protect the general public while this permit is effective.
 - Site Plan to scale (preferably on 8 ½ x 11 but no larger than 11X17) identifying the activity/structure and its location within the Right-of-Way
 - Certificate of liability insurance with a minimum \$ 1,000,000.00 aggregate liability coverage and City of Bend named as additional insured. Additional insurance may be required for high risk activities such as crane operations.
 - Filing Fee
-

I have examined all statements and information contained herein, all attached exhibits, and to the best of my knowledge and belief, they are true and correct. I authorize the City of Bend staff, Hearing's Officers and Planning Commissioners to enter property for inspection of the site in conjunction with this land use application.

Applicant: _____ Date: _____

Planning Use Only

Fee Paid Received by _____ Date Received _____ File No. _____