



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. #: _____

- NOTE: 1. All work to be inspected prior to backfill. Call Public Works at (541) 323-5212
2. All work will conform to City Standards Specifications

SITE PLAN

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

_____ Date: _____
City Inspector

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

Finance

For TTY service, dial 711
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