Access Permit Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | <u>www.ci.sisters.or.us</u>



For Establishing or Modifying Access Points to City Right of Way

Mark One:	Establishment of New Acces	s Relocation of Existing Access	
Mark One:	Residential Access	Commercial/Industrial Access	
Applicant Ir	formation		
Name		Email	
	e	Mailing Address	
Mobile Pho	ne		
Company N	ame	Submittal Date	
Access Loca	tion		
Address of F	Property to be Served		
Legal Descri	ption of Property to be Serve	ed T R S Tax Lot	
Which Street Are You Requesting Access From?			
Does the Ov	vner of the Property Also Ow	ne Public Street? Yes No yn Adjacent Properties? Yes No	
What is the Proposed Width of Access? What is the Proposed Surface Material of the Access?			
If Residential, List the Number of Residences to be Served by This Access			
If Commercial, List the Number, Type, and Square Footage of Each Business to be Served			
Separately (attached additional sheets for additional businesses)			
Type of Busi	iness	Square Footage of Business	
Type of Bus	iness	Square Footage of Business	
Type of Busi	iness	Square Footage of Business	
Additional o	documents and approvals th	at may be required upon review:	
a) Property map indicating other access, bordering roads and streets.			
b) Street an	d driveway plan profile.		
c) Drainage plan showing impact to the City right-of-way			

Access Permit Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



d) Map and letters detailing utility locations before and afte right-of- way.	r development in and along the		
e) Subdivision, zoning, or development plan. f) Proposed access design.			
g) Parcel and ownership maps including easements. h) Traffic studies.			
i) Proof of ownership.			
Application Submitted by	Date		
Application Reviewed by	Date		
Additional Information Required to be Submitted by the Applicant? Yes No			
Application Approved by City Engineer	Date		