

125 SW "E" Street Madras, OR 97741 541-475-2344 www.ci.madras.or.us

#### **BUILDING PERMIT APPLICATION**

Complete the following form **after** consulting with the Community Development Department and Public Works Department to determine development criteria prior to application for a building permit.

Upon approval from the City of Madras, the applicant is to submit this form to Jefferson County Community Development Department. Jefferson County will not issue building permits within the City of Madras without approval from the City.

of Madras Without approval from the city.			
	ypes of Permits requested: ☐ Electrical	☐ Plumbing	☐ Mechanical
City Building Perm	it No.:		(To be completed by City)
Subject Property I	nformation:		
Map & Tax Lot:		Situs Address:	
Provide a descript	ion of the proposed Improve	ments below:	
Applicant Name:_			Date:
Address:		City:	State:
Phone:	Email:		
Property Owner N	lame:		Date:
Address:		City:	State:
Phone:	Email:		

Genera	il Contractor Name:			
Addres	s:		City:	State:
Phone	:	Email:		
License	Number:		<u> </u>	
Plumbi	ng Contractor Name: _			
Addres	s:		City:	State:
Phone:		Email:		
License	· Number:			
Mecha	nical Contractor Name	2:		161616
Addres	s:		City:	State:
Phone:		Email:		
License	Number:			
Electric	al Contractor Name: _			
Addres	s:		City:	State:
Phone:		Email:		
License	Number:		<u></u>	
<u>Include</u>	the following attachr	nents with your a	application:	
	Plot Plan (See Page 3	for checklist of P	Plot Plan criteria)	
	Landscaping Plan (Se	e Page 4 for chec	cklist of Landscaping	Plan criteria)
	Sewer Inspection and			
	Water Inspection and Connection Permit			
	Public Right of Way F	Permit with proof	of insurance from th	ne contractor working in ROW, listing
	the City as additional	linsured		
	System Developmen	t Charge Deferra	al Application (if des	sired; contact City of Madras Finance
	Department for addi	tional information	n)	

#### Notes:

- 1. Incomplete applications and plans that do not conform to City standards will cause a delay the application's review by the City of Madras.
- 2. Jefferson County issues building permits and it is the responsibility of the applicant to determine what, if any, permits are required and to acquire the necessary permits before any construction begins.
- 3. See Page 4 for Plot Plan and Landscaping Plan Requirements.

Applicant's Signature:	Date:				
I, as the applicant and/or property owner, have signed this application consenting to the propose improvements on the identified property(ies). As such, I have examined all statements, information an all attached documents contained herein, and to the best of my knowledge and belief, find them to b are true, correct, and accurate. I authorize the City of Madras staff to enter the property for inspection of the proposed improvements for this application and all other associated construction permits.					
Community Development Department Conditions of (To be completed prior to obtaining Certificate of Occ					
Community Development Department Approval:	Signature	Date			
Public Works Department Conditions of Approval (To be completed prior to obtaining Certificate of Oc	ccupancy)				
Public Works Department Approval:	Signature	Date			
City Permit Status  Approved Approved with Conditions Denied					
Date					

	OT PLAN REQUIREMENTS:
	Title the map "Plot Plan"
	The map shall be drawn on white paper which is either 8 ½ x 11 or 11 x 17 inches in size.
	Include Township, Range, Section and Tax Lot number of the subject property(ies) on the Plan.
	Label north arrow.
	Include a scale in one-inch intervals (1" = 20').
	Label the property lines with dimensions.
	Label adjacent public/private streets, public sidewalk, and driveway.
	Include and label grading contours, any proposed cut and fill slopes with depths of cuts and fills, and label the slope of driveway.
	Label dimensions of the sidewalk and driveway.
	Label the proposed sewer and water connections to site from the public utility, and identify the size
	of the water meter required. (Water service will either be Deschutes Valley Water District or City of
	Madras.)
	Label any proposed fences, screens, and retaining walls on the property with dimensions and
	proposed materials.
	Label distances between property lines and buildings, i.e. setbacks (Setbacks in residential zones
	are 12 feet from a public right-of-way [excluding alleys] and 5 feet from side and rear property
	lines).
	Label location, size, and dimensions of existing and proposed buildings, including distinction
	between dwelling and attached garage.
	Label dimensions of any proposed decks, exterior stairs, and onsite walks to calculate area.
LA	NDSCAPING PLAN REQUIREMENTS:
	15% of the property shall be landscaped with a combination of trees, shrubs, grasses and other
	ground cover.
	Identify the area (in square feet) of all landscaped areas and the area (in square feet) of the subject
	property.
	Identify the location, type, size and quantity of trees, shrubs, grasses and other landscaping
	materials.
	Street trees shall be planted in landscaping strip in accordance with the <u>City's Urban Forestry Plan</u> .
	Provide an automated Irrigation Plan for all landscaped areas and the Planter Strip and note on
	the Plan: "All landscaped areas will be irrigated with an automatic irrigation system." Xeriscape
	(drought-tolerant) landscaping is allowed but requires Community Development Department

approval.

#### **CITY OF MADRAS CONTACT INFORMATION:**

Staff	Department	Phone	Email
Nicholas Snead, Director	Community Development	541-475-2344	nsnead@cityofmadras.us
Morgan Greenwood,	Community Development	541-475-2344	mgreenwood@cityofmadras.us
Associate Planner			
Jeff Hurd, Director	Public Works	541-475-2344	jhurd@cityofmadras.us
Michele Quinn, Office	Public Works	541-475-2344	mquinn@cityofmadras.us
Coordinator			
Kristal Hughes, Director	Finance	541-475-2344	khughes@cityofmadras.us
Connie Hemenway,	Finance	541-475-2344	chemenway@cityofmadras.us
Accounting Technician			
Nelly Barrera, Customer	Finance	541-475-2344	nbarrera@cityofmadras.us
Accounting Clerk			

Madras Police Station/City Hall 125 SW E Street Madras, OR, 97741

PH: 541-475-2344 FAX: 541-475-7061 www.ci.madras.or.us



### SEWER CONNECTION AND INSPECTION PERMIT

DATE:	ACCOUNT #				
PERMIT FEE: \$ <u>175.00</u>	_ RECEIPT	Γ#:	NUM	IBER OF ED	U'S
SINGLE FAMILY RESIDENCE	DUPLEX	TRIPLEX	APARTMENT	BLDG.	COMMERCIAL .
APPLICANT:			PHONE #	<b>#:</b>	
ADDRESS:					
			City	State	Zip
OWNER'S NAME:			PHONE #	<b>:</b>	
ADDRESS:					
			City		Zip
MAP #:			TAX LOT	#:	
SERVICE LOCATION/ADDRESS	S:				
ESTIMATED TURN ON DATE: _	(Al	ll new sewer co	nnections are p	lugged until o	customer notifies
the City to begin services)					
By signing this application, I fully un sewer service is utilized without billing		•			
Customer Signature	Da	te			
CONT	RACTOR PE	FORMING 1	NSTALLATI	ON	
CONTRACTOR:			<b>CCB</b> #:	E	XP:
ADDRESS:			City	State	Zip
CITY OF MADRAS BUISNESS L	ISCENSE NUI	MBER:	•		•
A POPO CALLA TO ANED TO A LANG.		CE USE ON		TOTAL CITATION	CATCHDED & A NID
APPROVAL IS HEREBY GRANT CONNECTION HAS BEEN COM					
STANDARDS AND SPECIFICAT				_ 0111 01 1	
APPROVED BY:			DATE.		
Utility Dept. Supe	ervisor or Desig	nee	<i>D</i> AIL,_		

CONNECTION TO CITY SEWER MUST BE SUPERVISED AND INSPECTED BY CITY PERSONNEL. FOR AN INSPECTION, PLEASE CALL 541-475-7259 48 HRS IN ADVANCE TO SCHEDULE AN INSPECTION.



City of Madras, 125 SW E Street, Madras, OR 97741. Tel. (541) 475-2344 Fax (541) 475-1038

### WATER CONNECTION AND INSPECTION PERMIT

DATE:	ACCOUNT #		
PERMIT FEE: \$125.00 RECEIP	Т #:		
¾" SERVICE ☐ 1" SERVICE ☐ 1.3	∕2" SERVICE ☐ 2" SERVI	CE	SERVICE
APPLICANT:	PHONE	#:	
ADDRESS:			
	City	State	•
OWNER'S NAME:	PHONE #	!:	
ADDRESS:	City		Zip
ADDRESS.			
MAP #:	TAX LOT	#:	
SERVICE LOCATIONADDRESS:		<del>-</del>	
CONTRACTOR P	EFORMING INSTALLATI	ON	
CONTRACTOR:	CCB #:	EX	P:
ADDRESS:			
	City	State	Zip
CITY OF MADRAS BUISNESS LISCENSE NU	JMBER:		
OFF	TICE USE ONLY		
APPROVAL IS HEREBY GRANTED TO MAI	KE CONNECTION TO THE C	ITY WATER	SYSTEM IN
CONFORMANCE WITH THE CITY OF MAD	RAS STANDARDS AND SPE	CIFICATIONS	S.
APPROVED BY:	DATE:		
Utility Dept. Supervisor or Des	ignee		
CONNECTION HAS BEEN COMPLETED IN REGULATIONS AND STANDARDS.	CONFORMANCE WITH CIT	Y OF MADRA	AS
APPROVED BY:	DATE:_		
Utility Dept. Supervisor or Desi	gnee		

CONNECTION TO CITY WATER MUST BE SUPERVISED AND INSPECTED BY CITY

PERSONNEL. FOR AN INSPECTION, PLEASE CALL 541-475-7259 48 HRS IN ADVANCE TO SCHEDULE AN INSPECTION.



Right of Way Construction & Use Permit Requirements checklist

# Right of Way Permits will be deemed incomplete and will not be reviewed or approved without the following attachments.

Insurance Certificate (see insurance requirements have changed please review)
Proof of Business License (see business license requirement)
Proof of payment
Site Plan showing proposed work (see submittal requirements for work in the Public
Right-of-Way)
Traffic Control Plan (see submittal requirements for work in the Public Right-of-Way)

#### **CITY OF MADRAS**

#### **RIGHT-OF-WAY CONSTRUCTION & USE PERMIT**

125 SW "E" Street, Madras, Oregon 97741 Telephone (541)475-2622 – Fax (541) 475-1038

Permit type (may include multiple types, please provide detail in the description field below).

Utilities	New Improvement	Repairs/Replacement
Waterline*	<u>Sidewalk</u>	<u>Sidewalk</u>
Sewerline*	Curb Curb	
<u>Storm</u>	Handicap Access Handicap Acce	
Fire Line	Driveway Access	Driveway Access
Franchise Utility	<del></del>	<del></del>
1. All forms sha 2. Curb shall be 3. Non-Remons 4. Contact Oreg	onal permitting (i.e. sewer permit, water permit)  Ill be inspected prior to pour, please call for inspect poured separate from the sidewalk and/or driventance Agreement for Sidewalks only gon Utility Notification Center (1-800-332-2344 or gon Department of Transportation when working	ection 48 hrs. before 541-475-2622 eway apron NO MONOLITHIC POURS or 811) before you dig
Miscellaneous  Roadway or Pede	estrian Encroachment (Closure and/or Reroute)	
	tion of work being performed:	
If project is to serve	a new development, provide development name	
	date: Proposed complet	
	ane closure? Yes No	
•		(must be available at all times)
	Email:	
Closure Times:	AM  PM to	□ AM □ PM
	Approved Times are 7:00 AM – 6:00 PM	
Applicant Name:		Phone:
Address:		
	Name of person picking up p	

#### **INSURANCE REQUIREMENTS:**

Contractor/Franchisees shall provide and maintain, the following minimum levels of insurance: (a) general liability insurance for all losses or claims arising out of or related to Contractor's performance of its obligations under this Agreement (including, without limitation, damages as a result of death or injury to any person or destruction or damage to any property) with limits of not less than \$1,000,000 per occurrence, \$2,000,000 in the aggregate; (b) comprehensive automobile liability insurance for all owned, non-owned, and hired vehicles that are or may be used by Contractor in connection with Contractor's performance of the Services with limits of not less than \$1,000,000 per occurrence, \$2,000,000 in the aggregate; (c) errors and omissions insurance with limits of not less than \$1,000,000 per occurrence, \$2,000,000 in the aggregate; and (d) workers' compensation insurance in form and amount sufficient to satisfy the requirements of applicable Oregon law.

As evidence of the insurance coverage required by this permit, the Permittee shall furnish a certificate of insurance to the City prior to issuance of the Right-of-Way Construction and Use Permit. The City of Madras, its officers, agents, and employees shall be named as an additional insured on such certificate. The certificate of insurance shall be accompanied by a copy of the additional insured endorsement.

Franchisees that have a current Certificate of Insurance on file at the Madras City Hall will not be required to provide proof of insurance with each permit application.

#### **BUSINESS LICENSE REQUIREMENT:**

Except as otherwise exempted under section 4 of Ordinance No. 849, no person may establish, maintain, operate, engage, conduct, and/or carry on any business within the City of Madras without first applying for and obtaining a business license.

#### NOTE: NO WORK SHALL COMMENCE UNTIL APPLICANT HAS RECEIVED A VALID SIGNED PERMIT.

## Notify Public Works Department at 541-475-2622 and Oregon Utility Notification Center at 1-800-322-2344 or 811 before commencing work

This approval is requested pursuant to City Ordinance No. 477. Neither party to this permit is relieved of the responsibility or liability for injury or damage by its intentional conduct. Applicant will hold harmless and will indemnify the City, its agents, officers, and employees against any and all claims, demands, loss, injury, damage actions, or costs of actions whatsoever which they or any of them may sustain by reason of the acts, omissions or other negligence of applicant, its agents, or employees in connection with the construction, maintenance, repair, operations, or use of said facility.

Specifications for, and placement of, all facilities shall be to City of Madras standards and shall conform to any specifications attached to and made a part of this permit.

Permittee/Applicant hereby acknowledges that they have read and understand these requirements.

Cignoture of Applicant Dormi	****	/
Signature of Applicant Permi	ttee	Date
	OFFICE USE ONLY	
Comments:		
Fee Received  YES	Franchise YES NO	
Approved:	Date:	

## See next page for submittal requirements, application deemed incomplete if submittal requirements are not met.

#### Submittal Requirements for Work in the Public Right-of-Way

- ✓ Complete Right-of-way Construction and Use Permit Application.
- ✓ Vicinity map showing nearest cross street(s)
- ✓ Site plan showing proposed work legible, accurate, and drawn to scale (1" = 20') which shall include the following:
- ✓ North arrow
- ✓ Location of property lines abutting the area of proposed work
- ✓ Location and name of streets, alleys and walkways in the area of and adjacent to the proposed work
- Location of all driveways on the subject property and nearest driveway on adjacent properties
- ✓ Location of on street parking spaces, accessible parking spaces mush be marked as such
- ✓ Location of known utilities and drainage facilities in the work area
- ✓ Dimensions from known utilities identified through current locate to property lines and area of work
- ✓ Dimensions of proposed work, distance between driveways and property lines, property line for curb
- Location and type of all traffic control devices and street lights adjacent to the proposed work

#### Additional submittal requirements for traffic closures

- ✓ Show proposed traffic control devices including; sign types/legends and device types/spacing within delineated work area
- ✓ Traffic control plan in accordance with the Manual on Uniform Traffic Control Devices (MUTCD) or utilize ODOT Standard Detail Drawings where applicable.
- ✓ Show limits of work zone, existing lane configuration, distance to all intersections within 500 linear feet and existing traffic control devices.
- ✓ Show proposed traffic control devices including, sign types/legends and device types/spacing

#### Additional submittal requirements for walkway and bike lane closures

- ✓ Pedestrians should be provided with a safe, convenient travel path that replicates as nearly as possible the most desirable characteristics of sidewalks, footpaths or bike lanes.
- ✓ Plan, Drawing or declaration depicting how pedestrian and bicyclist movement through or around the work site will be managed. Refer to Manual on Uniform Traffic Control Devices (MUTCD) or utilize ODOT Standard Detail Drawings where applicable.
- ✓ If a pedestrian walkway structure is to be constructed, provide detailed drawings to scale with dimensions, including:
- ✓ Elevation
- ✓ Cross-section
- ✓ Walkway slope elevations
- Bracing and framing details

# CITY OF MADRAS – SYSTEM DEVELOPMENT CHARGE DEFERRAL AND WAIVER APPLICATION 125 SW E Street, Madras, Oregon 97741 Telephone 541-475-2344

https://www.ci.madras.or.us/

APPLICANT II	APPLICANT INFORMATION			
Applicant Name (including DBA):	Telephone No.: 541 408-3718			
Applicant Mailing Address:				
CCB License No.:	Email:			
DEVELOPMEN	T INFORMATION			
Property Address of Proposed Development:	Type of Development:			
	X Single-Family Residential ☐ Duplex ☐ Triplex ☐ Other Multi-Family			
Property Owner (if different than Applicant):	Number of Units to be Constructed on the Property:			
Owner Address (if different than Applicant):	Legal Description:			
SDC DEFERRAL AN	D WAIVER REQUESTS			
Defer Payment of System Development Charges ("SDC(s)") A	Applicable to the Property: Yes x No □			
Type(s) of SDC Waiver(s) Requested:  X Single-Family, Duplex, and/or Triplex Initial 25% Waiver  ☐ Single-Family, Duplex, and/or Triplex Conditional 25% Waiver for Unit Sold (Valued) at \$240,000.00 or Less  ☐ Multi-Family 75% Waiver				
ADDITIONAL	NFORMATION			
By signing below, the undersigned Applicant (or authorized agent) hereby declares under penalty of perjury as follows:  (a) all information contained in this application is true, accurate, and complete; (b) Applicant agrees to pay all applicable SDCs in accordance with the City of Madras System Development Charge Ordinance; (c) Applicant will enter into the applicable City of Madras SDC waiver and/or deferral agreement and pay the prescribed processing fees to City contemporaneously with submission of this application; (d) Applicant is not in default (and has not defaulted) under any SDC waiver and/or deferral agreement with City; and (e) Applicant will promptly submit all documentation and/or information City deems necessary or appropriate to process this application and Applicant's SDC waiver and/or deferral request(s) herein.				
Applicant Signature: Date:				
NOTE: This application will not be deemed complete unless and until Applicant delivers the following to City: (a) the processing fees; and (b) a copy of a title report, preliminary title report, or lot book report for the Property, or such other documentation and/or evidence City deems necessary or appropriate to determine ownership of the Property. An incomplete application will be returned to Applicant.				
FOR CITY	USE ONLY			
Please sign below, indicate approval or state why you disapprove, and provide any additional comments.				
	pment Department			
Approve Request: Yes □ No □	Comments:			
Signature:	Date:			
Finance Department				
Processing Fees Received: Yes ☐ No ☐	Receipt No.:			
Approve Request: Yes □ No □	Comments:			
Agreement Executed: Yes □ No □	Date of Agreement:			
Signature:	Date:			