

Exhibit A
ACCESS APPROACH ROAD CONSTRUCTION APPLICATION AND PERMIT

COLUMBIA COUNTY ROAD DEPARTMENT
1054 OREGON STREET, ST. HELENS, OR 97051
PHONE: (503)397-5090 FAX: (503)397-7215

A. APPLICATION

PERMIT NUMBER: _____

Permit Fee: \$50.00

Receipt #: _____

Permit Expires: _____

Applicant Name (*please print*) _____

declares that he/she is the owner or sanctioned by owner of the real property adjoining the public road, private road or driveway at the location described herein and has the lawful authority to apply for this Permit. When approved, a Permit is subject to the terms and provisions of Columbia County Ordinance No. 2006-4, and Exhibit B Specifications.

NOTE: Access permit must be issued prior to obtaining a building permit. Access construction must be completed to specified standards within the time period allowed before a building inspector can approve the final inspection for occupancy or issue a Certificate of Occupancy. If access construction cannot be completed and the applicant is otherwise eligible for a final inspection and/or Certificate of Occupancy, a deposit of \$2,000 may be made as security for future construction. The deposit will be forfeited if the access is not completed within the required time. Applicant must notify County Road Department of any change in address to insure return of deposit.

Access Requested is: New Access Existing Access Replacement Access

Access Type is: Permanent Temporary Low Usage

12-digit Property Tax Account No.

Road Name: _____ **Township, Range, Section, Parcel** _____

Side of Road: North South East West

Between/Near Landmarks (attach map or sketch): _____

Property Owner's Signature: _____

Date: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

E-Mail Address: _____

B. PERMIT: Location must be approved prior to beginning construction.

Final Inspection authorized with \$2,000 deposit on (Date): _____ by (Signature of Road Dept. Official): _____

Faxed to LDS on _____ Faxed to Finance on _____

Extension of time granted to (Date): _____ on (Date): _____ by (Signature of Road Dept. Official): _____

Faxed to LDS on _____

THIS SECTION TO BE COMPLETED BY COLUMBIA COUNTY ROAD DEPARTMENT

Insurance required? Yes No

Sight distance adequate? Yes No If no, explain: _____

Culvert required? Yes No Size: _____ Length: _____ Distance from edge of road: _____

Dimensions of access apron if different than standard (Section IV & E): _____

Paving to a distance of 20' from edge of public/private road or driveway required? Yes No

Water diversion required on access apron? Yes No

Special comments: _____

ACCESS LOCATION APPROVED BY: _____ **Date:** _____ **Title:** _____

Copy mailed to applicant on _____ Faxed to LDS on _____ Faxed to District Supervisor on _____

CONSTRUCTION APPROVED BY: _____ **Date:** _____ **Title:** _____

Copy mailed to applicant on _____ Faxed to LDS on _____

Faxed to Finance Dept (if necessary) on _____