Exhibit A ACCESS APPROACH ROAD CONSTRUCTION APPLICATION AND PERMIT

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

A. APPLICATION Permit Fee: \$50.00 Receipt #:		PERMIT NUMBER: Permit Expires:		
driveway at the location desc	wner or sanctioned by cribed herein and has	the lawful authority to	perty adjoining the public road, private road or apply for this Permit. When approved, a Permit 2006-4, and Exhibit B Specifications.	
specified standards within t occupancy or issue a Certific otherwise eligible for a final security for future construct	he time period allowe cate of Occupancy. If a l inspection and/or Ce tion. <u>The deposit will l</u>	d before a building ins access construction ca rtificate of Occupancy be forfeited if the acce	it. Access construction must be completed to spector can approve the final inspection for mot be completed and the applicant is , a deposit of \$2,000 may be made as ss is not completed within the required time. ss to insure return of deposit.	
Access Requested is:	☐ New Access	☐ Existing Access	☐ Replacement Access	
Access Type is:	☐ Permanent	_	☐ Low Usage	
12-digit Property Tax Account No. toad Name: Township, Range, Section, Parcel:				
Side of Road:	☐ North	☐ South	☐ East ☐ West	
Between/Near Landmark	s (attach map or sk	etch):		
Property Owner's Signatu	ure:		Date:	
Mailing Address:				
City:	State:	I	Phone:	
Email Address:			E FLAGGED WITH ORANGE INSPECTORS' TAPE.)	
B. PERMIT: Location must	be approved prior to b	eginning construction.		
THIS SECTION TO BE COMP Insurance required? Yes □ No □	LETED BY COLUMBIA	COUNTY ROAD DEPAI	RTMENT	
Dimensions of access apron if diff	ze:	_Length: n IV & E):	Distance from edge of road:	
Paving to a distance of 20' from Water diversion required on a Special comments:	ccess apron? Yes 🗆 No		Yes 🗆 No 🗅	
ACCESS LOCATION APPROV	ED BY:	Date:	Title:	
☐ Copy mailed to applicant on		to LDS on	☐ Faxed to District Supervisor on	
			Title:	
☐ Copy mailed to applicant on		to LDS on	☐ Faxed to Finance Dept. (if necessary) on	
_	=		e of County Public Works Official):	
 □ Faxed to LDS on (Date): □ Extension of time granted to (Date) □ Faxed to LDS on (Date):): on (D	Pate): by (S	ignature of County Public Works Official):	