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 Application Fee: \$50.00 Receipt #:		PERMIT NUMBER: Permit Expires:		
Applicant Name (<i>please</i> declares that he/she is the driveway at the location desis subject to the terms and	owner or sanctioned by scribed herein and has	the lawful authority to	apply for this Permit. When	approved, a Permit
NOTE: Access permit must specified standards within occupancy or issue a Certifi otherwise eligible for a fina security for future construct Applicant must notify Coun	the time period allowe icate of Occupancy. If a linspection and/or Ce tion. The deposit will be the control of the control of the deposit will be the control of the control of the deposit will be the control of the c	d before a building in access construction c rtificate of Occupanc be forfeited if the acc	spector can approve the fin annot be completed and the y, a deposit of \$2,000 may b ess is not completed within	al inspection for applicant is se made as the required time.
Access Requested is:	☐ New Access	☐ Existing Access	☐ Replacement Acce	SS
Access Type is:	☐ Permanent	_	□ Low Usage	
12-digit Property Tax Account No. oad Name: Township, Range, Section, Parcel:				
Side of Road:	☐ North	☐ South	☐ East ☐	West
Between/Near Landmar	ks (attach map or sk	etch):		
Property Owner's Signat	ure:		Date:	
Mailing Address:				
City:	State:	_Zip:	Phone:	
Email Address:				
Email Address:(<u>IF</u> /	APPLICATION IS FAXED OR E	MAILED, LOCATION MUST I	BE FLAGGED WITH ORANGE INSPEC	CTORS' TAPE.)
B. PERMIT: Location must	be approved prior to b	eginning construction		
THIS SECTION TO BE COMI Insurance required? Yes \square No \square				
Dimensions of access apron if dif	Size:	_Length: n IV & E):	Distance from edge of road:_	
Paving to a distance of 20' from Water diversion required on a Special comments:	access apron? Yes 🗆 No		Yes 🗆 No 🗅	
ACCESS LOCATION APPROV	WED BY:	Date:	Title:	
			_ □ Faxed to District Supervisor	
			Title:	
☐ Copy mailed to applicant on		to LDS on	_ □ Faxed to Finance Dept. (if ne	cessary) on
☐ Final Inspection authorized with \$	-		-	
	e): on (D	Oate): by (Signature of County Public Works Off	icial):
☐ Faxed to LDS on (Date):				