

**Submit Application to [PW-Permits@cityofalbany.net](mailto:PW-Permits@cityofalbany.net).**



CITY OF ALBANY  
 Public Works Department  
 333 Broadalbin Street SW  
 Albany, OR 97321  
 Phone: 541-917-7676  
 Fax: 541-917-7573

**PERMIT APPLICATION**

**ENCROACHMENT PERMIT**

- New sewer/storm lateral
- Temporary Occupancy of Right-of-Way (Dumpster, moving POD, etc.)
- New Driveway/Sidewalk
- Replace Driveway/Sidewalk, Core Drill Curb for Sidewalk Drain

<b>OWNER INFORMATION</b>	
Name: _____	
Home Address: _____	
City/State/Zip: _____	
Subdivision: _____	Lot: _____
Phone: _____	Cell: _____
Email: _____	
<b>24-HOUR EMERGENCY CONTACT</b>	
Contact Name: _____	
24-hr Phone No: _____	
<b>GENERAL CONTRACTOR – IF APPLICABLE</b>	
Contact Name: _____	
Company: _____	
Address: _____	
City/State/Zip: _____	
Phone: _____	Cell: _____
Email: _____	CCB#: _____

<b>DESCRIPTION OF WORK</b>
Description/Location: _____ _____ _____
<b>JOB SITE LOCATION</b>
Address: _____ _____
Map Lot No.: _____
Subdivision: _____
Lot: _____

All work shall be completed in accordance with City of Albany Standard Construction Specifications.

By my signature below, I swear or affirm that the information provided is true and correct to the best of my knowledge and belief. I understand that I assume full legal and financial responsibility for all activities performed under this permit which causes damage to right-of-way or public infrastructure.

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Property Owner