

CITY OF PORTLAND PUBLIC WORKS PERMITTING

1900 SW Fourth Avenue, Suite 5000, Portland, Oregon 97201



Concept Development Submittal Checklist

Form 1 of 2 for Concept Development submittal

SUBMITTAL REQUIREMENTS

Req'd w/Submtl	Submitted	City Received	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 copies of Concept Plan for proposed development (horizontal alignment, existing utilities) –22x34 required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Composite site plan on one sheet with existing and proposed conditions include private and public development and connections to city system. Scale no smaller than 1:50.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PDFs of the project plan set & documents downloaded via: FTP, Dropbox, file share, etc. preferred. Jump drives, CDs and emailed PDFs are acceptable when compiled and organized as individual files for paperwork, plans etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topographic Survey of existing conditions prepared in COP Datum
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PDF and a hard copy of Preliminary Stormwater report including calculations, geotechnical report (soil type, infiltration test, groundwater depth) in the right of way.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PDF and a hard copy of Preliminary Sewer Design calculations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule for permit & construction milestones for both private & public work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction Quantity sheet for bonding estimate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concept Development Requirements Design & Drafting Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Information Form fill out on page two
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant / Financially Responsible Party Form original signed copy (required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized Representative Form (PLEASE CONTACT PUBLIC WORKS PERMITTING AT 503-823-1987 FOR ADDITIONAL INFORMATION AND AUTHORIZED REPRESENTATIVE FORM)

PW Permit Submittal Deposit - DO NOT SUBMIT PAYMENT. PW Permit deposit will be invoiced to applicant upon concept submittal acceptance. Invoice must be paid prior to the Concept Meeting.

\$1600 for BES portion (if applicable)

\$1600 for PBOT portion (if applicable)

\$500 PWB for all permits

Submit New Concepts In-Person: 1900 SW 4th Avenue, 5th Floor – 8:00AM to 4:30PM, Monday - Friday

SUBMITTED TO THE CITY BY: _____ (signature) DATE: _____

CONTACT NAME _____ PHONE _____

EMAIL _____

NOTE: This checklist is intended as a general guide to accept or reject plans into the public works permit review process. City staff may request additional information specific to the project before concept plan intake can be completed.

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APPLICATION INFORMATION

PROJECT ADDRESS / LOCATION				
LAND USE CASE NO. (IF APPLICABLE)			BUILDING PERMIT NO. (IF APPLICABLE)	
SUBDIVISION OR PROJECT NAME			NUMBER OF LOTS (IF APPLICABLE)	
Scope of Work (proposed)				
BES WORK (check appropriate boxes)				
Sanitary Sewer <input type="checkbox"/>	Storm Sewer <input type="checkbox"/>	Combo Sewer <input type="checkbox"/>	Stormwater Facilities <input type="checkbox"/>	None <input type="checkbox"/>
PBOT WORK (brief description)				
PWB WORK (brief description)				

OWNER INFORMATION		
OWNER'S NAME (COMPANY NAME – IF APPLICABLE)		CONTACT PERSON
MAILING ADDRESS (STREET or P O BOX, CITY, STATE, ZIP)		
PHONE NO.	CELL PHONE NO.	EMAIL ADDRESS

CONSULTANT ENGINEER INFORMATION		
COMPANY NAME		ENGINEER'S NAME
MAILING ADDRESS (CITY, STATE, ZIP)		
PHONE NO.	CELL PHONE NO.	EMAIL ADDRESS

ADDITIONAL CONTACT INFORMATION (OPTIONAL)		
RELATIONSHIP TO PROJECT		NAME
MAILING ADDRESS (CITY, STATE, ZIP)		
PHONE NO.	CELL PHONE NO.	EMAIL ADDRESS