



City of Adams

P.O. Box 20 190 North Main Street
Adams, Oregon 97810
Phone: 541-566-9380 Fax: 541-566-2077

Email: cityofadams@wtechlink.us
Web: www.cityofadamsoregon.com

Water Department Permit Application

Physical Address: _____

Date of Application: _____

- New Construction
 Reconstruction of Customer Service Pipe
 Installation of Lawn & Garden Irrigation System
 Other (specify) _____

Applicant: _____

Mailing Address: _____

Telephone: _____

Owner of Record: _____

Mailing Address: _____

Telephone: _____

Applicable City, State or Federal Regulations:
BackFlow Device Required

Applicant Required to Include with Permit Application:
 Site Plan Project Description Other (Manager Specify)

Application Filing Fee: _____ Development Fees and/or Charges: _____

Water Department Manager (signature): _____

Applicant (signature): _____

Permit Approved (Date): _____ OR Permit Denied (Date): _____

This application, once approved, constitutes an issued permit for work as specified herein and remains in effect one (1) year from the date of approval providing that all fees and/or charges are paid in full and conditions met.

Site Plan

