City of Mitchell
202 SE High St.
PO Box 97
Mitchell, OR 97750

DATE:_____

City of Mitchell Utility Application

*This Application is NOT a Permit. Permits are Obtained from Wheeler County or other Proper Authority.

Applicant:_____

Property Owner if not Applicant:_____

Address:_____

Site Address:_____

Phone Number:_____ Alternate #:_____

Email Address:_____

Legal Description (if applicable):_____

_____

Where the Utility will be Located:_____

_____

Notes:_____

_____

Applicant Signature:

Signature:_____ Date:_____

Property Owner Signature: (if Property Owner is not Applicant)

Signature:_____ Date:_____

To be Completed by City of Mitchell Planning Department:

Planning Department/City Clerk Signature:_____

Date:_____

*Please indicate whether this application has been approved or denied by the City of Mitchell Planning Department.

Brieanna Koon, City Clerk
cityofmitchell@gmail.com
541-462-3121
202 SE High Street
Mitchell, OR 97750