



ROW PERMIT NO. : ENG _____
ISSUE DATE: _____

RIGHT-OF-WAY CONSTRUCTION PERMIT APPLICATION

PROJECT NAME:	CONTACT:
_____	_____
CONTRACTOR:	Phone #:
_____	_____
Mailing Address:	Fax #:
_____	_____
State License #:	Email #:
_____	_____
City Business License #:	<input type="checkbox"/> Liability Insurance <input type="checkbox"/> Bonded
_____	_____

ADDRESS OR INTERSECTION OF CONSTRUCTION:

ROW WORK ASSOCIATED WITH THE FOLLOWING TYPE OF PROJECT:

- Commercial
 Subdivision
 City Project
 Traffic Control (Only)
- Multi-Family
 Single Family
 Other
- EUC (PUD, VERIZON, PSE, COMCAST, OVWSD):
Is this permit part of a blanket permit? Yes No

ANY ASSOCIATED PERMITS?	BLD# _____	ENG# _____
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DESCRIPTION OF PROPOSED WORK (Be Specific) : _____

WAS STREET OVERLAYED WITHIN THE LAST FIVE (5) YEARS? YES NO Year:

PAVEMENT CUT: Yes No If yes, indicate size of cut: _____ x _____
CONCRETE CUT: Yes No If yes, indicate size of cut: _____ x _____

RIGHT-OF-WAY CLOSURE	AREA			TOTAL	DURATION (NUMBER OF MONTHS)
Sidewalk 48 Hrs +	LF	X	LF	SF	
Alley 72 Hrs +	LF	X	LF	SF	
Parking 72 Hrs +	LF	X	LF	SF	

APPLICANT TO READ AND SIGN

*Traffic control and public safety shall be in accordance with City regulations as required by the City Engineer. Every flagger must be trained as required by (WAC) 296-155-305 and must have certification verifying completion of the required training in their possession.

*Restoration is to be in accordance with City codes and Standards. All street-cut trench work shall be patched with asphalt or City approved material prior to the end of the workday – NO EXCEPTIONS.

Indemnity: The Applicant has signed an application which states he/she hold the City of Edmonds harmless from injuries, damages or claims of any kind or description whatsoever, foreseen or unforeseen, that may be made against the City of Edmonds or any of its departments or employees, including defense costs and attorney fees by reason of granting this permit.

I have read the above statements and understand the permit requirements and acknowledge that I must follow all requirements in order for the permit to be valid.

SIGNATURE _____
Contractor or Agent

DATE _____

NO WORK SHALL BEGIN PRIOR TO PERMIT ISSUANCE