



APPLICATION for RIGHT OF WAY PERMIT

**PUBLIC
WORKS
DEPARTMENT**
(425) 413-8800

SITE ADDRESS	KING COUNTY ASSESSORS PARCEL NO
TYPE OF PERMIT	FRANCHISE UTILITY
APPLICANT'S INFORMATION	
NAME	ADDRESS
CITY	STATE WA ZIP
CONTACT	PHONE#
FAX#	CELL#
EMAIL	
PROPERTY OWNER INFORMATION	
NAME	ADDRESS
CITY	STATE WA ZIP
CONTACT	PHONE#
FAX#	CELL#
EMAIL	
INSURANCE AGENT INFORMATION	
NAME	ADDRESS
CITY	STATE WA ZIP
CONTACT	PHONE#
FAX#	CELL#
EMAIL	
ENGINEER'S INFORMATION	
NAME	ADDRESS
CITY	STATE WA ZIP
CONTACT	PHONE#
FAX#	CELL#
EMAIL	
CONTRACTOR'S INFORMATION	
NAME	ADDRESS
CITY	STATE WA ZIP
CONTACT	PHONE#
FAX#	CELL#
EMAIL	
D E S C R I P T I O N	
<p>By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to defend, indemnify and hold the City, its elected officials, officers, employees, agents, and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with activities or operations performed by me as Owner, or by me on behalf of the Owner, out of issuance of this Permit, except for injuries and damages caused by the sole negligence of the City.</p>	
8/13/20	
Signature of Owner/Authorized Agent	Date
Printed Name of Signature	

****General ROW Permit Fee of \$275.00 OR Franchise Utility ROW Permit Fee of \$375.00, PLUS Inspection Fees at \$150.00/Hour will be billed on a monthly basis.****

* FOR OFFICIAL USE ONLY * FOR OFFICIAL USE ONLY * FOR OFFICIAL USE *

ROW Permit #:

Entered by: _____ Date: ___/___/___