



# APPLICATION for RIGHT OF WAY PERMIT

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

<b>SITE ADDRESS</b>	<b>KING COUNTY ASSESSORS PARCEL NO</b>
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<b>TYPE OF PERMIT</b>
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**APPLICANTS INFORMATION**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>CONTACT</b>	<b>PHONE#</b>	<b>FAX#</b>	<b>CELL#</b>	<b>EMAIL</b>

**PROPERTY OWNER INFORMATION**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>CONTACT</b>	<b>PHONE#</b>	<b>FAX#</b>	<b>CELL#</b>	<b>EMAIL</b>

**INSURANCE AGENT INFORMATION**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>CONTACT</b>	<b>PHONE#</b>	<b>FAX#</b>	<b>CELL#</b>	<b>EMAIL</b>

**ENGINEER'S INFORMATION**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>CONTACT</b>	<b>PHONE#</b>	<b>FAX#</b>	<b>CELL#</b>	<b>EMAIL</b>

**CONTRACTOR'S INFORMATION**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>CONTACT</b>	<b>PHONE#</b>	<b>FAX#</b>	<b>CELL#</b>	<b>EMAIL</b>

<b>D E S C R I P T I O N</b>	
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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.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signature

**PERMIT FEE of \$35.00 AND INSPECTION FEES at \$ 65.00/HR WILL BE BILLED ON A MONTHLY BASIS.**

* FOR OFFICAL USE ONLY * FOR OFFICAL USE ONLY * FOR OFFICAL USE *	
Trak It Permit #:	Entered by: _____ Date: __/__/____