

RIGHT-OF-WAY USE PERMIT APPLICATION
SCC TITLE 13.10 – TYPE B, C, E TRANSACTIONS



Department of Public Works Customer Service Center
3000 Rockefeller CSC2, MS 607, Everett, WA 98201
(425) 388-6453

Permit Number: _____ Date: _____
Permit Type: _____ **Type B C E** Circle One: 1 2 3 4 5 6 7 8 9 10
DPW Right of Way Investigator: _____ Extension: _____
Office Use Only

**NO WORK OR ACTIVITY MAY BE STARTED WITHIN THE PUBLIC RIGHT-OF-WAY
UNTIL ALL APPROPRIATE PERMITS HAVE BEEN GRANTED BY SNOHOMISH COUNTY DEPARTMENTS.**

NE NW SW SE Section: _____ Township: _____ Range: _____ Road Log: _____

Project Name: _____ WO/PFN _____

Job Address: _____

PDS Construction Permit #: _____ Date Issued: _____

PDS Construction Permit #: _____ Date Issued: _____

PDS Inspector: _____ (Office use-Property: _____)

Location and Description of Use:

Applicant: _____ **Mailing Address:** _____

City: _____ State _____ Zip _____ (office use: _____)

Telephone: (_____) _____ Mobile: (_____) _____

Email: _____ Fax: (_____) _____

Contact: _____ **Mailing Address:** _____

City: _____ State _____ Zip _____ (office use: _____)

Telephone: (_____) _____ Mobile: (_____) _____

Email: _____ Fax: (_____) _____

Attachments: Traffic Control Plan Construction Plan Other _____
 ADA Temporary Access Plan for existing pedestrian facilities Insurance

Requested Dates of Use: From: _____ To: _____

Requested Hours of Use: From: _____ To: _____

Fees: Application Fee (non-refundable): _____ Permit Fee: _____ Total Paid: _____

Check No: _____ Cash Receipt No: _____ Invoice (approval required)

I ACCEPT A PERMIT SUBJECT TO THE TERMS AND CONDITIONS OF Title13 AND HEREIN SET FORTH:

Signature Date: _____