



# RIGHT-OF-WAY PERMIT APPLICATION

## Type of Application

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Utility Installation | <input type="checkbox"/> Frontage Improvements | <input type="checkbox"/> Use of right-of-way | <input type="checkbox"/> Oversize/Weight |
| <input type="checkbox"/> Utility Connection   | <input type="checkbox"/> Drainage Improvements | <input type="checkbox"/> Special Event       | <input type="checkbox"/> Emergency       |
| <input type="checkbox"/> Utility Maintenance  | <input type="checkbox"/> Landscaping           | <input type="checkbox"/> Street Closure      | <input type="checkbox"/> Other_____      |

**A. ADDRESS (ROW ACTIVITY):** \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

AGENT/APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LIC. #: \_\_\_\_\_ LIC. #: \_\_\_\_\_  
BUSINESS INDIVIDUAL

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

## B. PROJECT DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY: \_\_\_YES \_\_\_NO CERTIFIED UTIL.: \_\_\_YES \_\_\_NO

## C. AREAS TO BE AFFECTED/USED BY WORK:

AREA 1: TOTAL CLOSURE ( ) OR PARTIAL CLOSURE ( )  
TRAFFIC LN ( ) PARKING LN ( ) SIDEWALK ( ) SHOULDER ( )

STREET NAME: \_\_\_\_\_ # OF DAYS: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

AREA DESCRIPTION: \_\_\_\_\_

AREA 2: TOTAL CLOSURE ( ) OR PARTIAL CLOSURE ( )  
TRAFFIC LN ( ) PARKING LN ( ) SIDEWALK ( ) SHOULDER ( )

STREET NAME: \_\_\_\_\_ # OF DAYS: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

AREA DESCRIPTION: \_\_\_\_\_

## \*IF TOTAL ROAD CLOSURE – YOU MUST PROVIDE DETOUR INFORMATION (A MAP OF DETOUR & WRITTEN DETOUR)

# OF FEET/BLOCKS RESERVED: \_\_\_\_\_

ADDRESS/STREET NAME: \_\_\_\_\_

## \*IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE THE REQUIRED INFORMATION;

### STANDARD WORK HOURS ARE:

9 a.m. to 3 p.m. for Regional Center

8:15 a.m. to 4:00 p.m. for thoroughfare

7:00 a.m. to 6:00 p.m. for non-thoroughfare

**\*\*Any work outside of these hours is a “special hours” request and should be noted in the “special hours” area. All special hour requests will be reviewed prior to being issued.**

SPECIAL HOURS: \_\_\_\_\_

**D. CITY PROJECT #:** \_\_\_\_\_

CITY PROJECT NAME: \_\_\_\_\_

CITY PROJ. MGR.: \_\_\_\_\_

CITY PROJ. MGR. #: \_\_\_\_\_

## E. TRAFFIC CONTROL:

- |                       |                         |
|-----------------------|-------------------------|
| ___1) LIGHTED BARRELS | ___2) ILEA OFFICER      |
| ___3) CONES           | ___4) ARROWBOARD        |
| ___5) CONTROLLERS     | ___6) TYPE 3 BARRICADES |

## F. EXCAVATIONS:

- \_\_\_ # OF PAVEMENT EXCAVATIONS  
\_\_\_ # OF NON-PAVEMENT EXCAVATIONS

## G. INDEMNIFICATION AGREEMENT:

**ALL PERMIT APPLICATIONS MUST BE SIGNED AND DATED:** The petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the Department of Public Works and the City of White Salmon from or against all claims, action, damages and expenses, including but not limited to reasonable attorney's fees or any alleged injury and/or death to any person or damage to any property arising, or alleged to have arisen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct or indirect result of the public right-of-way use pursuant to this permit grant.

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## H. NOTARY USE ONLY: FOR ANY APPLICANT NOT A GENERAL CONTRACTOR.

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

See Attachment(s) for Special Conditions

PERMIT # ROW \_\_\_\_\_ ( ) Approved ( ) Denied

CONNECT TO OTHER PERMITS \_\_\_\_\_ PERMIT TYPE: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_