

Clallam County Public Works Department

223 East Fourth Street, Suite 6 Port Angeles, WA 98362
360-417-2379 Phone 360-417-2513 Fax

\$180 Minimum**

**See C.C.C. Chapter 3.31

ROAD NO. _____
ROAD NAME _____
PERMIT NO. _____
COUNTY USE ONLY

APPLICATION TO PERFORM WORK ON CLALLAM COUNTY RIGHT OF WAY

In Clallam County, a "Right-of-Way" permit is required to work along a county-owned road within the county right of way.

PLEASE PRINT

Name of Applicant: _____	County Road: _____
Mailing Address: _____ _____ _____	Address/ Milepost of Project Site: _____ _____
Phone: _____	When the project is approved: (check one item below) <input type="checkbox"/> Mail permit when approved <input type="checkbox"/> Call when approved <input type="checkbox"/> Fax when approved
Cell Phone: _____	
Fax: _____	
Email: _____	

WORK PROPOSED & PURPOSE OF PROJECT

Push/Bore/Overhead
 Open Cut Road Surface Lin. Ft. _____
 Open Cut within 5' of Road Surface Lin. Ft. _____
 Open Cut beyond 5' of Road Surface Lin. Ft. _____
 Type of Backfill proposed (if applicable) _____
 Other _____

If Installation of utilities, check one:

Phone Cable
 Electric Irrigation
 Water

Name of Utility Company

Start Date _____
 Est. Comp. Date _____

IMPORTANT:

ATTACH AN ACCURATE AND DETAILED PROJECT MAP AND/OR PLANS THAT SHOW THE LOCATION OF THE PROPOSED RIGHT-OF-WAY PROJECT. SHOW DISTANCE FROM NEAREST INTERSECTION AND LANDMARK TO THE PROPOSED PROJECT AREA. INCLUDE A NORTH ARROW. AN ACCEPTABLE SITE PLAN FORM IS AVAILABLE.

THE EXACT LOCATION OF THE ENTIRE WORK AREA MUST BE CLEARLY MARKED SO AS TO BE EVIDENT TO COUNTY PERSONNEL. FAILURE TO COMPLY WILL RESULT IN A DELAY OF THE PROCESSING OF THIS PERMIT.

It is the responsibility of the applicant to notify all utilities and private property owners when such property is liable to injury or damage through the performance of the permitted work. The applicant shall make all necessary arrangements relative to the protection of such property and/or utilities.

By signing this permit, the applicant agrees to comply with all conditions as stated on the PERMIT, Form RWPCOND082412, Permit Conditions – Addendum, and C.C.C. Chapter 3.31. Applicant has 10 days from permit approval date to request clarification or modification to permit conditions attached.

Signed _____ Date _____

****** COUNTY USE ONLY ******

PERMISSION IS HEREBY GRANTED DENIED

Call 360-417-2379 for the following:

Start Date _____ _____ _____ Final

The Approved Permit Must be Posted on Site Until Final Inspection.

COMMENTS:

FEE CALCULATION

AMT WAIVED: _____
NET FEE: _____
DATE: _____
RECEIPT# _____
CHECK# _____
REC'D BY: _____

This permit shall be void unless the work herein contemplated is completed before the following date: _____

Area Supervisor / Design Review Engineer _____ Date _____

Final Inspection By: _____

Date: _____