

**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: _____	<b>When the project is approved:</b> (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 \_\_\_\_\_ Lin. Ft. \_\_\_\_\_
- 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: \_\_\_\_\_

Final Inspection By: \_\_\_\_\_

Area Supervisor / Design Review Engineer \_\_\_\_\_ Date \_\_\_\_\_

Date: \_\_\_\_\_