

## CITY OF GRANITE FALLS

206 South Granite Avenue/ P.O.Box 1440 Granite Falls, WA 98252 TEL: 360-691-6441 - FAX: 360-691-6734

## **RIGHT-OF-WAY PERMIT APPLICATION**

Date:	City Business Lic#:				Permit #			
Project Ad	Project Address:							
HISTORIC	DISTRICT:			See Page 2. For Special Conditions				
APPLICAN	IT: Property Owner	Contra	actor [	Business	Other:			
Property	Owner or Business:							
Address:			City/St/Zip:					
Phone:			Email:					
Contractor:				Contact:				
Address:			City/St/Zip:					
Phone:			Email:					
State Lic#:				Expiration	Date:			
Description	of Work: New Con	struction	Repair	Other:				
Identify Work Area Detail. i.e., Westside of the 100 block of S. Granite at 102 in street.								
Description of Work: (Include two sets of plans and two sets of traffic control plan).								
						Total Lineal Feet In ROW:		
		_						
Start Date:		End Date:			Work Hours:			
FOR OFFICAL USE ONLY								
PRE-CON MEETING DATE: TRAFFIC				ONTROL PLAN REQUIRED:				
SITE INSPE	ECTION REQUIRED:		BONDING	REQUIRED:		AMOUNT:		
\$50 APP FE	E PAID:	PERMIT FE	E PAID:		BONDING I	PAID:		
SPECIAL C	ONDITIONS:	(see pg. 2) FINAL INSPECTION REQURED:						

## **APPROVALS:**

Deputy Clerk		City Clerk		Public Works					
DATE:		L DATE:		ATE:					
<u> </u>									
Special Conditions:									
Pre-Construction Requirements:									
* All fees must be paid prior project start date.									
* Utility locates are required for any excavation work. 48-hours in advance (1-800-424-5555).									
* Pre-construction meeting if require.									
* Traffic control plan (MUTCD compliant).									
* Proof of insurance.									
During Construction:									
* Permit must be kept and available on site at all times.									
* All work and restoration work must comply with current developer standards.									
* Maintain a safe and clean work area for pedestrians and vehicle traffic.									
* No work during the hours of 7:00pm-7:00am. Excluding emergency work with city notification.									
After Project completion:									
* Final inspection	on if required with	24-hours notice.							
Fee Worksheet:									
Application Fee	\$								
Permit Fee:	\$100.00 (includes f	rst 100LF):		\$					
Additional LF	\$2.00 (Per foot ove	r 100LF):		\$					
Permit Total: \$									

I hereby attest and acknowledge that I have read a the above conditions and requirements of this permit and have full understanding of the same. I agree to indemnify, hold harmless, and defend the City, its elected officials, officers, employees, agents, from and against any and all claims, lawsuits, damages, costs, charges, or other losses, whether to persons or property resulting from, arising out of, or related in any manner to the activities conducted under this permit.

**Applicant Signature** 

Printed Name

Date