



**GRANITE FALLS**

# CITY OF GRANITE FALLS

215 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 Address:			See Page 2. For Special Conditions

APPLICANT: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Business <input type="checkbox"/> Other:			
<b>Property Owner or Business:</b>			
Address:		City/St/Zip:	
Phone:		Email:	
<b>Contractor:</b>		Contact:	
Address:		City/St/Zip:	
Phone:		Email:	
State Lic#:		Expiration Date:	

Description of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Other:
<b>Identify Work Area Detail. i.e., Westside of the 100 block of S. Granite at 102 in street.</b>

**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:	
<b>FOR OFFICAL USE ONLY</b>			
PRE-CON MEETING DATE:		TRAFFIC CONTROL PLAN REQUIRED:	
SITE INSPECTION REQUIRED:		BONDING REQUIRED:	AMOUNT:
\$50 APP FEE PAID:	PERMIT FEE PAID:	BONDING PAID:	
SPECIAL CONDITIONS: (see pg. 2)		FINAL INSPECTION REQUIRED:	

**APPROVALS:**

*Deputy Clerk*

*City Clerk*

*Public Works*

--	--	--

DATE:

DATE:

DATE:

**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 required.
* 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 if required with 24-hours notice.
--

**Fee Worksheet:**

Application Fee:	\$50.00	\$	_____
Permit Fee:	\$100.00 (includes first 50ft)	\$	_____
Additional LF per foot:	Open cut: \$1.00	\$	_____
	Trenchless: \$0.50		
	Overhead: \$0.25	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