



# RIGHT OF WAY CONSTRUCTION PERMIT APPLICATION

APPLICANT/ CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

STREET ADDRESS OF PROPOSED PROJECT \_\_\_\_\_

DESCRIPTION OF WORK (include drawings required for clarity): [If street closure is requested, please state the name of the street and limits of closure, together with the duration of closure.]

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

WHAT IS THE ESTIMATED COST OF THE PROJECT? \_\_\_\_\_

WHAT IS THE ESTIMATED DURATION OF THE PROJECT? \_\_\_\_\_

WHAT ARE THE HOURS OF WORK? \_\_\_\_\_

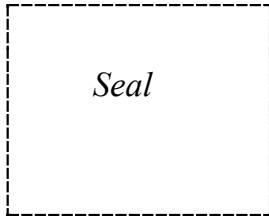
LIST ANY OTHER CONTRACTOR THAT WILL BE DOING WORK ON THE PROJECT:

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

### HOLD HARMLESS and INDEMNIFICATION AGREEMENT

In compliance with the Port Angeles Municipal Code, and in consideration of the issuance by the City of Port Angeles of a Right Of Way Use Permit to the undersigned allowing the placement of the above described street use or obstruction, the undersigned for himself and for his successors in interest, hereby agrees to indemnify, hold harmless, and defend the City of Port Angeles against any claims or lawsuits for personal injury or property damage arising out of, or in any way connected with, the placement of the use or obstruction on the City street, sidewalk, planting strip, or right of way.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



*Seal*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
NOTARY PUBLIC for Washington,  
residing at \_\_\_\_\_  
My commission expires: \_\_\_\_\_

*(This permit, if approved, may be terminated by the City of Port Angeles without cause and at any time)*

### [OFFICE USE ONLY]

Date application received \_\_\_\_\_ Fee paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Certificate of Insurance per PAMC 11.08.110 received \_\_\_\_\_

Temporary Traffic Control Plan Approved on \_\_\_\_\_ N/A \_\_\_\_\_

Performance Bond Received on \_\_\_\_\_ N/A \_\_\_\_\_

Application approved or denied by City Engineer \_\_\_\_\_ Date \_\_\_\_\_

with the following conditions: \_\_\_\_\_

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

Approved copies to: Applicant  Fire  Police  Street  Other \_\_\_\_\_  Address file

**RCP#** \_\_\_\_\_