



# RIGHT OF WAY USE PERMIT APPLICATION

6100 219<sup>th</sup> Street SW, Suite 200  
Mountlake Terrace, WA 98043  
Phone 425.744.6267 Fax 425.775.0420  
[PermitSpecialist@ci.mlt.wa.us](mailto:PermitSpecialist@ci.mlt.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

Application # \_\_\_\_\_

Job Site Address \_\_\_\_\_

Description of Structures or Facilities to be located in Right-of-Way \_\_\_\_\_

## CONTACT INFORMATION

<u>APPLICANT</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	

<u>PROPERTY OWNER</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	

### Filing Requirements:

1. This form, completed and signed.
2. Applicable fees paid. Includes permit fee (non-refundable) and an additional deposit to cover any additional fees based on actual staff time required to process the request.
3. Plot Plan (see city staff to request a drawing that can be used to fulfill these requirements) Show location of encroachment.
4. Traffic Control Plan, if applicable.
5. When the applicant is not the owner, submit Notarized Letter from the owner authorizing the request and the obligations that it entails.
6. Description of why it is not possible to use private property.

### Important Information:

The applicant must demonstrate that it is necessary to use the public street, sidewalk or planting strip, and that there is no other means available to accomplish the desired purpose, except by the use of the public right-of-way, street or planting strip.

If approved, the encroachment shall not be permitted for longer than the period necessary for accomplishing the proposed purpose. A \$ \_\_\_\_\_ Street Invasion Deposit will be taken in at time of permit issuance.

**I certify to the best of my knowledge, the information provided on this permit application is true and correct.**

Sign Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

Print Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Fee (deposit amount) \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

Additional Fees Due \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

**REVIEW COMMENTS / Recommendations:**

**Public Works:** \_\_\_\_\_

\_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

**Engineering:** \_\_\_\_\_

\_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

**DETERMINATION BY CITY ENGINEER**

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

**Subject to the following conditions:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_