



PLANNING & BUILDING
DEPARTMENT
201 CENTER ST. W
EATONVILLE WA 98328
360-832-3361 EXT 114

**PERMIT
NUMBER:** _____

RIGHT OF WAY USE PERMIT APPLICATION

Date of Request:		Proposed Date of Work:		Permit #:	
Applicant Name:			Phone:		Fax:
Address of Applicant:				City:	Zip Code:
Name of Person Who Has Authority to Sign for Applicant:				Phone:	
Email:					
Name of Contractor:					
Contractor Phone #:			State License #:		Business Lic #:
Address of Contractor:				City:	Zip Code:
Email:					
Location of Proposed Work:					
Work to be Performed: () see attached					
Locates Anticipated: () Yes () No If no, why?					

Is this project going to interfere with normal flows of traffic? () Yes () No

If yes, describe traffic control program or other arrangements for safety of workers, pedestrians and vehicle traffic.

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Breaking of Pavement? () Yes () No

If answer is yes, identify size of area to be removed, location, intentions of replacement etc.

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Type of Backfill: () 5/8-inch minus gravel () Controlled Density Fill (CDF)

If gravel backfill is to be used, please provide name and phone number of testing laboratory to perform compaction test.

Name of Lab:	Phone Number:
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Please provide any other information that you feel is pertinent to this job that the Town of Eatonville should be aware of:

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- Any striping or traffic markings shall be replaced by the permittee.
- Any existing utilities and services shall be protected against damage.
- Permits shall be valid for 90 days unless otherwise noted.
- Other Conditions:

For and in consideration of the Town of Eatonville issuing this permit, the Contractor agrees to indemnify, defend and hold harmless the Town of Eatonville, its elected officials, appointed officials, employees, agents and consultants, and agrees to pay all attorney fees and costs that may be incurred by the Town, it's elected officials, appointed officials, employees, agents and/or consultants to defend themselves against any and all claims that may arise in any way from activities resulting from the city having issued this right-of-way use permit to the contractor and to pay any and all damages or other costs and/or claims that may be asserted against the Town of Eatonville, its elected officials, appointed officials, employees, agents and consultants.

The applicant, when commencing any work on the above project, hereby accepts this permit subject to the terms and conditions as herein set forth.

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Owner/Agent Signature

Date

Send or Deliver Completed Application to:
Town of Eatonville
PO Box 309
Eatonville, WA 98328
Phone: 360-832-3361 Fax: 360-832-3977