Transportation Department

Permit Processing (425) 452-4898

RIGHT OF WAY USE PERMIT APPLICATION

C/G Permit #	**Permit #**
Application Date:	**Intake Tech:**

NOTE: Permit must be picked up within 30 days of notification that it is ready to issue, or it will be subject to cancellation.

1. **Property Address or Location**_____

   Project Name (if applicable) _____

   Property Owner_____

2. **Applicant**_____ Phone (_____)_____

   Address_____ City _____St _____ Zip _____

3. **Contact Person**_____ Phone (_____)_____

   Cell Phone (_____)_____Pager (_____)_____

   E-Mail Address_____ FAX # (_____)_____

   Address_____Suite #_____City _____ St _____ Zip _____

4. **Contractor**_____Phone (_____)_____

   State Contractor's License _____**Bellevue Business Reg** _____
   1-800-647-0982 **(425) 452-6851**

5. **Description of Proposed Use:**_____

_____

Start Project Date _____ **End Project Date** _____

Project Work Order #:_____ **Cut/Length:** _____

Call ONE CALL for locates two working days before you dig, drill, blast. "It's the law" 1-800-424-5555 (RCW 19.122)

I certify that I am the owner or owners authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits, or review under Land Use Code and other applicable Bellevue City Codes and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I hereby certify that the information on this application furnished by me is true and correct and that the applicable requirements of the City of Bellevue will be met.

Signature _____ **Date** _____
(Owner or Owners Agent) 12/10/08