



Transportation Department
 Right of Way Permit Processing
 Phone: (425) 452-2888 Fax: (425) 452-5272

ANNUAL TRUCK PERMIT RIGHT OF WAY USE 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. ANNUAL TRUCK PERMIT FOR DELIVERY OF OVERSIZED LOADS — CALENDAR YEAR

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 SAME _____ Phone (____) ____ - _____

State Contractor's License _____ Bellevue Business Reg _____

1-800-647-0982

(425) 452-6851

5. Description of Proposed Use: TRANSPORT OVERSIZED LOADS IN THE CITY LIMITS OF BELLEVUE

Start Project Date * 01/01/ _____ End Project Date * 12/31/ _____

* **NOTE: Annual Truck Permits are issued on a calendar year basis only.**

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 _____ (Owner or Owner's Agent) Date _____ 10/12/09