



**CITY OF BELLEVUE**  
**Transportation Department**  
**Permit Processing (425) 452-4617**

**FRANCHISE UTILITY ONLY**  
**RIGHT OF WAY USE**  
**PERMIT APPLICATION**

<b>Applying for: TF or TJ Permit</b> (circle One)	<b>Office Use Only</b> <b>Permit Number</b> _____
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All applications for ROW Permits must include the following: This application and three (3) copies of plans which must include the following: Construction area must be clearly shown with dimensions, all vicinity streets indicated, lanes and lane lines, edge of road, curb, gutter and sidewalk, north arrow, centerline, appurtenances or utilities, ROW width, and existing paved area shaded.

1. Project Address or Location: _____ Project Name (if applicable): _____ Project Work Order Number: _____ Is this project associated with an ongoing construction project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of project: _____ Proposed Start Date: _____ End Date: _____ <b>OR</b> Duration needed for this permit: _____
2. Applicant: _____ Address: _____ Phone: _____ Cell: _____ Fax: _____
3. Contact Person: _____ Address: _____ Phone: _____ Cell: _____ Fax: _____ E-mail Address: _____
4. Contractor: _____ Address: _____ Phone: _____ Cell: _____ Fax: _____ State Contractor's License: _____ Bellevue Business Reg.: _____ <div style="text-align: center;">                     1-800-647-0982 <span style="float: right;">(425) 452-6851</span> </div>
5. Description of Proposed Use: _____ _____

**The following must be completed or application will be returned.**

**Proposed Usage:** If not construction-related check here and identify work in No. 5 above \_\_\_\_\_

<b>Check all that apply:</b> Trench <input type="checkbox"/> Boring/Potholing <input type="checkbox"/> Service Install <input type="checkbox"/> Vegetation/Tree Work <input type="checkbox"/> Joint Trench Participation <input type="checkbox"/> Manhole access <input type="checkbox"/> Utility Pole Replacement <input type="checkbox"/> Other _____
(If Applicable) Cut Dimensions: Length _____ Width: _____ Depth _____
Location of cut: Street/Paved Surface <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unpaved shoulder: <input type="checkbox"/> Other: _____
Is this a No-Cut or Grind/Overlay Street ? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Street or Lane Closures:**

Will construction require any street or lane closures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this an arterial street? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach 3 copies of your traffic control plan.</b>			
Street(s)/Lane(s) to be closed: _____			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;"># of Lanes _____</td> <td style="width:33%; padding: 2px;">Date(s) _____</td> <td style="width:33%; padding: 2px;">Time Requested _____</td> </tr> </table>	# of Lanes _____	Date(s) _____	Time Requested _____
# of Lanes _____	Date(s) _____	Time Requested _____	

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

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