



RIGHT OF WAY PERMIT

Date: _____

1. I hereby apply for the permits as follows:

DRIVEWAYS

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Residential

Non-residential

Installation of above ground fixtures

Installation of underground facilities

Traffic Alteration _____ Arterial street, traffic count above 5,000 VPD
 _____ All Others

Other

Permit fees are based on current fee resolution adopted by the City of Burlington

List of fees can be found on our website at:
<http://www.burlingtonwa.gov>

2. LOCATION of work _____

3. TYPE of work _____

4. Work to begin on _____

5. Pavement to be replaced on this date _____ as directed by and to the satisfaction of the City Engineering Department.

6. I agree to submit: 1) a site plan showing the location of the work; 2) drawings depicting details of the project; 3) a Traffic Control Plan for the affected roadway, if applicable. Drawings shall be on 8½" x 11" sheets or larger.

7. Backfill of trenches shall be in accordance with the City of Burlington’s “Typical Trench Detail” drawing unless approved otherwise by the City Engineer. Backfilled trenches awaiting an approved permanent wearing course shall be maintained in a smooth condition with 4 inches of pre-mixed material (cold-mix asphalt) at the surface.

8. I agree to maintain lights, signs, barricades and flagmen necessary for the protection of traffic at all times, day and night, during the work provided under this permit; and to comply with any instructions given by the City Engineering Department as to handling of traffic. Traffic shall be managed in accordance with the approved Traffic Control Plan if required as a condition of this permit.

9. I agree that no street or traffic lane may be closed to traffic unless approved by the City Engineer.
_____ may be closed to traffic from _____ to _____

10. All work must be completed by a **licensed contractor.

I agree to comply with all of the conditions, restrictions and regulations of the City of Burlington and to guarantee such construction for not less than two years.

Applicant (company) _____

Address _____

City/State/Zip _____

Phone Number _____

Email _____

Print Name _____

Title _____

Authorized Signature _____

**Contractor or Sub _____

Contact Name _____

Contractor License # _____

Address _____

City/State/Zip _____

Phone Number _____

Email _____

This certifies that the above named applicant is granted permits to do the work described in and for the purpose shown in this permit.

Each permit is granted subject to the terms of the agreement contained in the said permit and subject to the provisions of the City of Burlington Municipal Code, and nothing permitted hereunder shall be deemed to override the provisions of any applicable law of the City, State or Federal Government.

11. Engineering Department comments &/or requirements: _____

12. Work shall not commence until plans and this permit have been reviewed and approved by the City Engineer.

City Engineer

Date Approved

Permit Expiration Date

EMAIL submittals to: rowpermits@burlingtonwa.gov