RIGHT OF WAY USE PERMIT APPLICATION



CITY OF BLACK DIAMOND PUBLIC WORKS DEPARTMENT 360-851-4500 www.blackdiamondwa.gov

Right of Way Ordinance No. 22-1182 effective 10/17/2022

	(all fields must be complete) *A City endorsement to your WA siness within the City. Please visit <u>https://dor.wa.gov/</u>		
Name:			
Address:			
Phone:	Email:		
Contractor's License Number:	UBI:		
CONTRACTOR (all fields must be complete) *A City in order to do business within the City. Please visit	endorsement to your WA State Business License is required https://dor.wa.gov/		
Name:	Company Name (<i>if applicable</i>):		
Address:			
Phone:	Email:		
Contractor's License Number:	UBI:		
ADDITIONAL CONTRACTOR/CONSULTANT/ENG License is required in order to do business within the	INEER *A City endorsement to your WA State Business the City. Please visit <u>https://dor.wa.gov/</u>		
Name:	Company Name (<i>if applicable</i>):		
Address:			
Phone:	Email:		
Contractor's License Number:	UBI:		
PROJECT INFORMATION Commercial or Residential			
 Which Right of Way Type are you applying for? Please see <u>Right of Way Ordinance No. 22-1182</u> for descriptions. Type A - Construction Permit as described in BDMC 12.04.050 Type B - Utility Permit as described in BDMC 12.04.060 Type C - Occupancy Permit as described in BDMC 12.04.070 Type D - Temporary Use Permit as described in BDMC 12.04.080 			
Name of Project:			
Proposed Date of work:	Duration of work:		
Location of Proposed Work:			
Parcel number(s):			
Work to be performed:			

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Locates Anticipated	: □Yes	□No	If no, why?
Is this project going	to interfere wit	h normal	flows of traffic? \Box Yes \Box No If yes, submit a Traffic Control Plan.
Anticipated breaking of pavement? \Box Yes \Box No If yes, submit plans identifying the size of area to be removed, location, intentions of replacement, etc.			
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:Ph			
Please provide any c of:	other informatic	on that yo	u feel is pertinent to this job that the City of Black Diamond should be aware

If this Right of Way application is associated with a separate City of Black Diamond permit what is the permit number?

SUBMITTAL REQUIREMENTS

To apply, please email all submittal requirements to permits@blackdiamondwa.gov

- 1. Completed, and signed, Right of Way Use Permit Application
- 2. 🗌 Traffic Control Plan
- 3. 🗌 Site Plan
- 4. 🗌 Plan Set, if applicable
- 5. 🗆 Bond for 150% of cost of infrastructure work in Right of Way, required if the company applying is non-franchised. A Maintenance Bond may also be required before releasing the Performance Bond
- 6. Certificate of Insurance for \$1,000,000 naming the City of Black Diamond as co-insured, required if the company applying is non-franchised

CERTIFICATIONS AND SIGNATURES

For and in consideration of the City of Black Diamond issuing this permit, the Contractor agrees to indemnify, defend and hold harmless the City of Black Diamond, its elected officials, appointed officials, employees, agents and consultants, and agrees to pay all attorney fees and costs that may be incurred by the City, 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 City of Black Diamond, 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.

NOTICE TO APPLICANT:

- 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 180 days unless otherwise noted.

Owner/Agent Signature:______

Date: