LONG TERM (TYPE B) RIGHT-OF-WAY PERMIT APPLICATION

Business Name:	
Owner Name:	
Address:	
City/State:	Zip:
Phone:	
Cell Phone:	Email:
Labor & Industries License/Exp. Date:	City License:
Description of Proposed Right-of-Way Use:	

The permitee agrees to defend, indemnify and hold harmless the City, its agents, employees and officials, while acting within the scope of their duties, from all causes of action, demands and claims, including the costs of defense and appeals therefrom, arising in association with the permitted activity including but not limited to the permitee's employees, agents, representatives or subcontractors or third parties for personal injuries, bodily injuries, death, or damage to property that arise out of any acts or omissions of the permitee, its employees or representatives, or any other persons or entity, except for liability caused due to the sole negligence of the City.

By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities. I also certify that I have read and agree to the statements above regarding holding the City harmless.

Signature of Owner/Agent **Date**

Project Contact **Telephone Number**

APPLICATION CHECKLIST:

Applications that are incomplete or are submitted without the following items cannot be processed.

No. to be Submitted:	Item Description:
1	Application
2	Site Plan that includes: • Diagram of area and proposed use.
1	Certificate of insurance and endorsement form that includes: • Agent's name and address are indicated. • Insured's name and address are indicated (insured must be the same entity as the permittee). • Policy number is indicated. • Policy period is current (effective/expiration dates). • Minimum coverage of $300,000 for each occurrence is indicated. • Minimum 30 day notice of cancellation is indicated. • The City is listed as the certificate holder. • The certificate has been signed by the insurance agent. • The policy is written on an occurrence basis. • Additional insured: The permittee must name the City as an additional insured by attaching an endorsement to the certificate of insurance. This endorsement can be either the City's model form or other form acceptable to the City.
1	Building Permit
	Other

STAFF NOTES:

PERMIT FEES:

Long Term ROW Permit Fee:	$100.00
Other (list):	
Total Fees:	

Community & Economic Development Department
P.O. Box 809 / 910 Cleveland Ave. – Mount Vernon, WA 98273
(360) 336-6214 – www.mountvernonwa.gov