## **Application to Perform Work on City Right-of-Way**



City of La Center, Building Services 210 E. 4th Street La Center, WA 98629

Ph. 360.263.7665 Fax 360.263.7666

Inspection Line: 360.263.6702

	Permit Number#
Job Site Address: Describe Work (Required):	
Legal Property Owner:	Phone:
Address:	
Contractor's Name:	Phone:
	La Center Business License #:
	/Cut Street Cut Sidewalk ADA Ramp Traffic Control
Water Connection/Lateral Pipe Size Length Fire Hydrant Pipe Size Length Mete	<u> </u>
Power, Cable, Telecommunication and Gas Utilities Le Number of poles or pedestals installed or moved: Storm Water Connection/Lateral Pipe Size Le	
Sanitary Sewer Connection/Lateral Pipe Size	Length Main Line Pipe Size Length
Number of storm & sanitary manholes installed:	ad, curb or sidewalk (sq. feet):
PLANS REQUIRED - The applicant shall submit two sets of determine the scope of work. A performance bond coveriby the Public Works Director. All changes to the approved	plans with enough information, including Erosion Control Plan(s), to ing all costs of the improvements may be required, as determined diplans shall be re-submitted to the City of La Center for review and proved permit must be on the job site and available upon request by
I have examined this application and certify that all inform performed will be in accordance with the City of La Center	nation herein is true and correct. I further certify that all work r Ordinances, Public Works Standards and the laws of the State of n accordance with all OSHA rules and protect public and private
cost, expense, including expenses of litigation and attorne construction and maintenance of facilities on, over or und	er, it's officers and employees against any and all loss, damage, by fees sustained by them by reason of my actions in the ler the City of La Center rights-of-ways and easements. I understand able and must be paid prior to the issuance of a final for occupancy
and that SDC's are in addition to any other required perm	it fees.
Signature:	Date Owner Contractor
	Date Issued: Total Fees \$ Phone
Supplemental Conditions and Requirements Attached	Prione
	Date: Permit Expires: