



San Juan County Public Works

Phone: (360) 370-0500 Email: pubwks@saniuco.com

Dept. of Community Development

P.O. Box 947 ♦ 135 Rhone St, Friday Harbor, WA 98250

Staff Use Only
Permit No:
County Rd No:
Milepost(s):

Right of Way Permit Application

PROJECT TYPE: Check one or more boxes to indicate what type of permit(s) you are applying for.

<input type="checkbox"/>	DRIVEWAY ACCESS	<input type="checkbox"/>	FRONTAGE IMPROVEMENTS	<input type="checkbox"/>	UTILITY	<input type="checkbox"/>	OTHER
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APPLICANT / OWNER: *In most cases, the 'Applicant' is the owner of the property where the work will occur. For utility franchise work (which is not directly tied to a particular parcel), the 'Applicant' is the Franchisee (i.e. the utility company).*

Name of Owner: _____	Phone: _____
Mailing Address: _____	Email: _____
City: _____	State: _____ Zip: _____

CONTACT PERSON / AUTHORIZED AGENT: *This is the person whom we will communicate with throughout the life of the permit application. If this person is the owner, listed above, you may leave this section blank. If someone other than the owner, fill out the contact details and attach an 'Authorized Agent Form'. The Authorized Agent Form requires the owners signature, authorizing the designated person to act on his/her behalf.*

Contact Name: _____	Phone: _____
Mailing Address: _____	Email: _____
City: _____	State: _____ Zip: _____
<input type="checkbox"/> AUTHORIZED AGENT FORM ATTACHED	

CONTRACTOR: *All work in the County road Right of Way must be by a general contractor who has been pre-approved by the Dept. of Public Works (RCW 18.27 & SJC §12.04.040). Contractor approval is required, prior to construction.*

Contractor Name: _____	Phone: _____
Business Name: _____	Phone: _____
Mailing Address: _____	Email: _____
City: _____	State: _____ Zip: _____
<input type="checkbox"/> DEFERRED CONTRACTOR SELECTION REQUESTED	

PROJECT LOCATION: *For Driveway Access permit type, 'Project Location' is where the driveway meets the County Road.*

County Road Name / Site Address: _____
Tax Parcel Number: _____ Island: _____

PROJECT DESCRIPTION: *Use this space to describe the project, as it relates to the County road right of way. (e.g. "build new driveway to access my barn"; "request approval of existing driveway access"; "utility crossing and 100 ft. of trenching for OPALCO connection")*

RIGHT OF WAY SITE PLAN AND/OR DETAILED CONSTRUCTION DRAWINGS ATTACHED



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PROJECT DETAILS: *Check all boxes that apply, indicating the type of work and/or installation. For Driveway Access, also check the box which most closely matches the planned use of the driveway.*

CALCULATE FEES: *Base fees are per location; Utility permits have an additional fee, based on linear feet of parallel trenching within the right of way.*

DRIVEWAY ACCESS	# OF LOCATIONS	\$/EACH	TOTAL
<input type="checkbox"/> EXISTING DRIVEWAY (WITH NO IMPROVEMENTS PLANNED – OR REQUIRED – STAFF WILL EVALUATE)		-----	=
<input type="checkbox"/> New Construction (INCLUDING IMPROVING, MODIFYING OR MOVING A DRIVEWAY)		\$100	=
<input type="checkbox"/> Temporary Access (TYPICALLY FOR CONSTRUCTION OR LOGGING OPERATIONS)		\$50	=
PLANNED USE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FARM / FIELD <input type="checkbox"/> PRIVATE ROAD	-----	-----	-----
UTILITY	# OF LOCATIONS	\$/EACH	
<input type="checkbox"/> NEW INSTALLATION		\$300	=
<input type="checkbox"/> REPAIR <input type="checkbox"/> Emergency REPAIR (AFTER-THE-FACT)		\$150	=
<input type="checkbox"/> PARALLEL TRENCHING (ENTER LINEAR FEET OF TRENCHING IN '# OF LOCATIONS' COLUMN)	i.f.	\$0.25	=
FRONTAGE IMPROVEMENTS	# OF LOCATIONS	\$/EACH	
<input type="checkbox"/> CURB-GUTTER-SIDEWALK <input type="checkbox"/> PARKING <input type="checkbox"/> OTHER		\$100	=
OTHER	# OF LOCATIONS	\$/EACH	
<input type="checkbox"/> NEW CONSTRUCTION (MISC. INSTALLATIONS IN COUNTY ROAD RIGHT OF WAY)		\$100	=
<input type="checkbox"/> TEMPORARY USE (MISC. WORK IN COUNTY ROAD RIGHT OF WAY)		\$50	=

PAYMENT SUBMITTED WITH APPLICATION: \$ _____

TOTAL CALCULATED FEES \$ _____

SIGN THE APPLICATION:

I hereby certify that I have read and examined this permit application and know the same to be true and correct. By signing this application you agree that Public Works staff may enter the premises for the purpose of permit inspection.

_____ (Signature of Applicant or Authorized Agent) _____ (Printed Name) _____ (Date)

DIRECT QUESTIONS REGARDING APPLICATION TO:

San Juan County Public Works
 Phone: (360) 370-0500 Email: pubwks@sanjuanco.com

SUBMIT APPLICATION AND FEES TO:

SJC Dept. of Community Development
 P.O. Box 947 ♦ 135 Rhone St, Friday Harbor, WA 98250

ADDITIONAL INFORMATION FOR APPLICANTS:

San Juan County Code
 Chapter 18.60.090 Roads – Public Roads

Revised Code of Washington
 Title 36, Chapter 75 Roads and Bridges

SAN JUAN COUNTY STAFF USE ONLY			
APPROVAL:		ACCEPTANCE OF WORK:	
_____ (Approved By)	_____ (Date)	_____ (Approved By)	_____ (Date)
CONTRACTOR APPROVAL: <input type="checkbox"/> PENDING <input type="checkbox"/> VERIFIED		<input type="checkbox"/> Permit Closed Date: _____	
Expiration:	Renewal:		