



SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

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COUNTY ROAD RIGHT OF WAY REVIEW: PUBLIC WORKS DEPARTMENT

APPLICANT INFORMATION

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

CONTACT/AGENT INFORMATION (PERSON TO CONTACT ABOUT THIS APPLICATION)

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

PROJECT LOCATION:

Tax Parcel Number: _____	Island: _____
Project Street Address (if known): _____	
If no address, name of road driveway is access from: _____	

PROJECT INFO - COUNTY ROAD RIGHT OF WAY

Driveway has access to County road? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(check one box below)</i>
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> IMPROVE, MODIFY OR RELOCATE CURRENT ACCESS <input type="checkbox"/> NO IMPROVEMENTS PLANNED
Construction access to County road? <input type="checkbox"/> NO <input type="checkbox"/> YES
Frontage improvements (CURB, GUTTER, SIDEWALK) along County road? <input type="checkbox"/> NO <input type="checkbox"/> YES
Utility work in County road Right of Way? <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> POWER <input type="checkbox"/> PHONE/INTERNET <input type="checkbox"/> OTHER
Other Work or Installations in County road Right of Way? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(describe below)</i>

SIGNATURE:

I certify that I am the owner or the authorized agent; I have reviewed the information provided and verify that is true and correct; I further signify that the owner grants permission for San Juan County employees to enter the premises for the purpose of permit inspections.

_____	_____	_____
(SIGNATURE OF OWNER OR AUTHORIZED AGENT)	(PRINTED NAME)	(DATE)

FOR OFFICIAL USE ONLY

ADDITIONAL PERMITS REQUIRED			
<input type="checkbox"/> ROW ACCESS	<input type="checkbox"/> ROW UTILITY	<input type="checkbox"/> ROW FRONTAGE IMPROVEMENTS	<input type="checkbox"/> ROW OTHER