



CITY OF EVERETT
Permit Services

APPLICATION FOR ANNUAL RIGHT-OF-WAY USE PERMIT

Please return to:

City of Everett Permit Services
3200 Cedar Street, 2nd Floor
Everett, WA 98201

Or email to PermitServices@everettwa.gov

Date of Application: _____

A permit is requested for _____
(Applicant Name)

_____ at _____
(Name of Business) (Business Address)

for the following purposes: _____

Total lease area: _____ square feet, Dimensions: _____

CONTACT INFORMATION			
OWNER / APPLICANT NAME:			
OWNER / APP. MAILING ADDRESS:			
	STREET		
	CITY	STATE	ZIP
OWNER / APP. PHONE:	OWNER / APP. EMAIL:		

ACKNOWLEDGEMENT: I have reviewed this application and confirm the information contained herein is true and correct. Work done pursuant to this permit must comply with current federal, state, and local law. The granting of a permit only authorizes approved work and no deviations therefrom. Deviations must first be authorized in writing from the Building Official before being authorized under any circumstance. I am the owner, or I am authorized by the owner of this property to perform the work for which application is made, and I comply with the State Contractors Law 18.27 RCW and 296.200A WAC.

(Applicant Signature)

(Date)

Please show the requested area to be used on a map (attach separate sheet)
Include overall dimensions and clearances from permanent structures and obstacles and return to the City of Everett for review and processing.