

JEFFERSON COUNTY APPLICATION FOR OPEN RIGHT-OF-WAY PERMIT

Jefferson County Department of Public Works 623 Sheridan Street Port Townsend, WA 98368 360-385-9159 Office use only
Permit #
Receipt #
Check #
Date Paid
Fee for 2014 \$852.00 Payable to Jefferson County
Additional fees will apply per

www.co.jefferson.wa.us

• •		Ordinance 02-0312-12	
APPLICANT INFORMATION			
Property Owner of Record:			
		Email	
Applicant/Agent (if different from owner	er):		
Telephone:	Fax:	Email	
Mailing Address:			
PROJECT INFORMATION			
Purpose for request to Open Right-of-W	'ay:		
Parcel number(s) of your property: Name of plat where the road is located:	o be opened: me and page numbers):	ole, septic, building, stormwater:	
Will you be installing any utilities within	n the right-of-way?		
SITE MAP			
include the following information: • Cross street access po		be opened and the parcels you own. The site map	should
DESIGNATION OF AGENT			
I hereby designate	to act as	s my agent in matters relating to this application for	r permit.
Owner Signature		Date	
and agrees to all conditions on the permit. The A	applicant also certifies that this app or any omission of material fact n	ation provided herein is true and correct to the best of his/her kn plication is being made with the full knowledge and consent of a nade by the Applicant/Owner with respect to this application pa	all owners
Signature of Applicant or Authorized Representa	ative	Date	