Right of Way Entry Permit Application

City Hall Phone: 509.422.3600
P.O. Box 752 Okanogan, WA 98840

Date: _____

Name of Company Conducting Actual Work : _____

Name of Property Owner or Utility Company:_____

Contact Person (s): _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Please Provide a Detailed Scope of Work :

Nearest Street and/or Intersection:_____

Signature of Applicant or Representative :_____

Fees

Deposit: $500.00 (Refundable upon Public Works Approval after Inspection)

No Charge: ☐ Explain: _____

Minor/Administrative Misc.
Inspection Fee: ◯ $25.00 Explain: _____

OR

Administrative
Inspection Fee: ◯ $100.00 Explain: _____

Notes: _____

_____

_____

City Authorized Signature: _____

Paid by: _____

Mailing Address: _____

_____ Payment Check #_____
_____ Deposit Receipt # _____

City Staff Authorization: _____

Refund Deposit
____ Yes ____ No
Explanation: _____
_____

City Staff Authorization: _____
Refund Check # _____