

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 # _____