CITY OF PULLMAN



325 SE Paradise * Pullman, Washington 99163 * (509) 338-3213

RIGHT-OF-WAY DISTURBANCE PERMIT APPLICATION

Owner:			Contact Phone:		
Address:		City		State	Zip
Contractor: (🗖 Self)	24 hr. ph		Contractor's. License. No.		
Job Location:					
☐ New Construction ☐ Repair	☐ Rebuild ☐	Utility Com	pany Installation	☐ Emer	gency
Description of Work in Full					
Start Date I	End Date		*Work Hours: To		
*By law, Work Hour limits are fi	rom 7:00am to 10:00p	pm, except b	y special approv	al or in case	e of emergency.
All information shown in this applicati					
in ingormation snown in this appareau	on is said to be true un	iaci penany e	g perjury by the u	ins of the St	are of mashington.
Applicant's Signature		Data			
Applicant s Signature		Date			
	FOR CIT	Y USE ONL	Y:		
Site Inspection Needed ☐ Yes ☐ No	·		— ′es □ No □ by Ci	tv	
Need Conference ☐ Yes ☐ No Traffic Plan Required ☐ Yes ☐ Over ☐ Attached ☐ No					
Permit Requirements / Conditions:		•			
City Contact:	opher 🔲 Ruth You	naa 🗆 Sar	m Nagralla 🔲 C	ara Haley	
Office: 338-3216	338-3215			38-3281	
Cell: 432-6714	432-6738			32-6424	
If rejected, attach explanation					
	Instructions	for Contra	ctor:		
1. Call for all Inspections 24 hours	s in advance, if practical	al. See phone	number above,	or dial 338-3	213
2. Permit is invalid unless City Co	ntact Person above is n	nade aware of	beginning of wor	k 24 hours in	ı advance.
3. Call underground locate service	e 48 hours before diggi	ng. 1-800-4	24-5555 or 811.		
4. Post or have available onsite a co	opy of this permit.				
5. Perform all work in accordance	e with this permit and c	current City d	esign and construc	ction standard	ds and specifications.
6. Permit expires in 180 days if no	work has started.				
Approved			Date _		

Receipt No.

Date Paid _____

Total Permit Fee **\(\sigma\) \(\frac{\$15.00}{\}\) \(\sigma\) Franchise Util., No Fee**