



# Department of Public Works

623 Sheridan St, Port Townsend, WA 98368 | 360-385-9160

**Office use only**

Permit # \_\_\_\_\_

Receipt # \_\_\_\_\_

Check # \_\_\_\_\_

Date paid \_\_\_\_\_

Mile post \_\_\_\_\_

## OPEN RIGHT-OF-WAY PERMIT APPLICATION - 2022

**\$1,001.00 Fee**

*Make check payable to Jefferson County. Additional fees will apply per ordinance 02-0312-12.*

**Applicant Information**

Property Owner \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Designation of Agent** *(fill out only if applicable)*

Designated Agent \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Project Information**

Purpose for request to open right-of-way: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of road/right-of-way to be opened: \_\_\_\_\_

Total length of right-of-way to be opened: \_\_\_\_\_

Property parcel number(s): \_\_\_\_\_

Name of plat where road is located: \_\_\_\_\_

Attach any recorded surveys (list volume and page numbers): \_\_\_\_\_

Nearest cross street: \_\_\_\_\_

Other permits associated with this request (e.g. septic, building, stormwater): \_\_\_\_\_

Will you be installing any utilities within the right-of-way? \_\_\_\_\_

**Site Map**

Attach a site plan or plat map that identifies the right-of-way to be opened and the parcels you own. **The map must include the cross street access point, access location to the applicant's property, and scale.**

**Acknowledgements and Signature**

By signing the application form, the undersigned Applicant attests that the information provided herein is true and correct to the best of his/her knowledge and agrees to all conditions on the permit. The Applicant also certifies that this application is being made with the full knowledge and consent of all owners of the affected property. Any material falsehood or any omission of material fact made by the Applicant/Owner with respect to this application packet may result in this permit being null and void.

The Applicant has read this disclaimer and signs and dates it below.

Property Owner or Designated Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Site Map**

Attach or draw a site plan or plat map that identifies the right-of-way to be opened and the parcels you own. **The map must include the cross street access point, access location to the applicant's property, and scale.**