CITY OF SELAH
APPLICATION FOR STREET BREAK PERMIT

# CUT or CONSTRUCTION

## Curb - Street - Alley - Sidewalk - Driveway

Today's Date: _____/_____/_____ Work Start Date: _____/_____/_____

| Please complete all information. Incomplete information will delay approval of this application and permit issuance. | |
|---|---|
| Exact Street Address of Work: | |
| **Owner Information**<br>**Name:** | **Contractor Information**<br>**Name:** |
| Address: | Address: |
| Phone: | Phone: |
| Responsible Party (Must be the Property Owner if the contractor does not have a Washington State Registration Number)<br>❏ Property Owner ❏ Contractor | Contractor's State Registration Number:<br>Contact Person: |
| **Please complete all information - If information does not apply, write N/A** | |

If this application is for new construction, you must provide a copy of your plans that have been approved by Codes Administration and/or Engineering. If this application is for the placement of new or repair of structure in the right-or-way, please use the reverse side of this form or separate sheet of paper to provide a sketch or drawing that shows the property's general location within the city and where on the property the work will be done. Please include details on the drawing such as dimensions, utility locations, existing structure, etc. Please indicate the number of attachments here: [ ]

Briefly state the purpose of this work and what will be done: _____

_____

_____

Please check all that apply:

- ❏ Commercial Driveway
- ❏ Residential Driveway - NEW
- ❏ Residential Driveway - REPLACE
- ❏ Sidewalk - NEW
- ❏ Sidewalk - CUT/REPLACE
- ❏ Curb - NEW
- ❏ Curb - CUT/REPLACE
- ❏ Street Cut - ASPHALT
- ❏ Street Cut - CONCRETE
- ❏ Street Cut - DIRT
- ❏ Alley Cut - ASPHALT
- ❏ Alley Cut - DIRT
- ❏ Excavate Right of Way Only
- ❏ _____

_____

Do you propose to close or restrict the traffic to any section of street or alley? ❏ Yes ❏ No
If yes, you must complete a Temporary Public Right of Way Use Form and discuss you traffic control issues with Traffic Engineers located at Public Works.

Backfill must be 100% select (5/8 minus). State your method of compaction or exception to backfill:

_____

I believe the information contained in this application is correct and true. I understand that approval of this application will be based on the information contained herein and no work is authorized that is not stated here. I understand that the work performed must conform to City standards and specifications and that conditions and fees are subject to change without notice.

Applicant Signature: _____

Approved By: _____ Date: _____/_____/_____