Public Works Application Cover Sheet

Permit Number: ____________________________

Assoc. Permits: ____________________________

Please read and follow all instructions on your application, submittal checklists and/or applicable supplemental forms carefully. Staff will not process incomplete applications. Please print or type legibly.

☐ Cross Connection Control ☐ Industrial Waste, Limited Discharge ☐ Storm Drainage
☐ Critical Areas Permit ☐ Right-of-Way Use ☐ Tree Removal – Class I
☐ Fire Hydrant Inspection ☐ Right-of-Way Vacation ☐ Tree Removal – Class II
☐ Grading ☐ Road Improvement ☐ Water Main/Service
☐ Grease Interceptor ☐ Sanitary Sewer System, Public ☐ Water Meter Installation
☐ House Moving ☐ Sanitary Sewer System, Private ☐ Water Use
☐ Industrial Waste, Discharge ☐ Sewer Capping ☐ Weekend Work Approval

Description of Work:

________________________________________________________________________

Site Address/Location:

Subdivision: ____________________________ Lot No.: ____________________________

Property Owner Name: ____________________________ Phone: ____________________________

Address: ____________________________ Cell: ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________ Fax: ____________________________

E-Mail: ____________________________

Contractor Name: ____________________________ Phone: ____________________________

Address: ____________________________ Cell: ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________ Fax: ____________________________

State Contractor’s License Number: ____________________________ City Business License Number: ____________________________

Contact Person, if different: ____________________________ Phone: ____________________________

E-Mail: ____________________________ Cell: ____________________________

Subcontractor Name: ____________________________ Phone: ____________________________

State Contractor’s License Number: ____________________________ City Business License Number: ____________________________

I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge. This application does not constitute approval of permits and/or work to be performed. For specific fee information, see LMC 3.104 or check the fee schedule available online or at our office.

Signature of Applicant/Agent: ____________________________ Date: ____________________________

Signature of Property Owner: ____________________________ Date: ____________________________
A Right-of-Way Vacation Application shall include the following information, unless specifically waived by the Public Works Director. An application shall be considered incomplete if any of the required information is missing.

**REQUIRED ITEMS**

- 1. Public Works Application Cover Sheet.
- 2. Two (2) copies of a map prepared by a licensed surveyor registered in the state of Washington containing the following information (may be up to 18 by 24 inches):
  - A. The date, scale, and north arrow;
  - B. All existing and proposed boundary lines;
  - C. Legal descriptions of existing and proposed lots and area to be vacated;
  - D. All existing structures and all setbacks to existing structures; and
  - E. Existing and proposed easements and recording numbers.
- 3. A copy of all recorded easements.
- 4. Survey calculations.
- 5. A petition with original signatures for all affected property owners.
- 6. Application fee plus appraisal deposit.

**FEES**

See LMC 3.104 or contact our office for current fee information.

**NOTES**

1. The approval of a Right-of-Way Vacation does not in any way replace, modify or waive any requirement for the compliance of the proposal with other applicable codes, standards, or regulations including, but not necessarily limited to, those of the Community Development, Fire or Public Works Departments. You are advised to contact these departments concerning such requirements.
2. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.
3. An application may be amended only in writing.
4. Submittal of this application grants the appropriate city officials the right of entry to the project site during a reasonable hour and, upon proper identification, to the building, structure and/or premise, which is directly related to this application.
5. It is the responsibility of the owners, applicants and agents to become aware of the requirements of the Lynnwood Municipal Code.

I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge. This application does not constitute approval of permits and/or work to be performed. For specific fee information, see LMC 3.104 or check the fee schedule available online or at our office.

Signature of Applicant/Agent: __________________________ Date: ____________

Signature of Property Owner: __________________________ Date: ____________