



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street

Mailing address: 216 Prospect Street

Port Orchard, WA 98366

(360) 874-5533 • permitcenter@cityofportorchard.us

STREET USE PERMIT APPLICATION (POMC 12.24)

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

1. CONTACT INFORMATION:

Application is for:

Property Owner (name): _____

Business (name): _____

Organization: (name): _____

Applicant Name:

Applicant Address:

Applicant
phone:

Applicant
Email:

2. PROJECT INFORMATION:

Abutting property street address (provide primary if multiple): _____

Tax parcel number of abutting property (provide primary): _____

Is the Project located within 200' of the Shoreline? No Yes If yes, contact the Permit Center for requirements.

Identify the location in detail:

Proposed use (be specific):

Dates requested for use:

Other permits required for this project (list): _____

3. SUBMITTAL REQUIREMENTS:

Application fee: \$60.00 (Per Fee Resolution No 046-18. Subject to change.)

2 COPIES: Completed Street Use Permit Application: signed original + one copy.

2 COPIES: Street Use Indemnification/Hold Harmless Agreement: signed original + one copy (use attached form).

2 COPIES: Site Plan, showing:

The proposed location of the use.

Any utility or structure proposed in or on the public space.

Existing structures, public improvements, utilities, structures to be used, or any trees that may be affected.

4. OTHER SUBMITTALS, If required: (as determined by the Director prior to approval)

2 COPIES: Plans and Specifications for any utility or structure proposed in or on the public place.

Property Owner authorization when the proposed use involves a structural overhang, retaining wall or permanent method of lateral support showing the record owner consents to the premises served by the proposed use.

Liability Insurance which includes the City of Port Orchard, its officers, agents and employees as additional insured.

Deposit of funds, surety bond, indemnification agreement or other assurance.

Depending on your project, the Director may require additional information such as photographs, construction plans, a survey, and/or a list of surrounding property owners. Contact Public Works 360-876-4991 to discuss specifics of your proposal.

5. SIGNATURES.

As the property owner or owner/authorized officer of the business/organization listed above, I authorize _____, as my Agent to submit this application on my behalf. The applicant is the primary contact for all project-related questions and correspondence. Permit Center staff will e-mail or call the authorized agent with requests for, and/or information about, the application. The authorized agent is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent to ensure the contact information provided is accurate and that the email account accepts email from the Department.

Owner/Officer: _____ **Date:** _____
Property Owner or Business/Organization Owner or Officer Signature

Print Name: _____
Property Owner or Business/Organization Owner or Officer

Applicant: _____ **Date:** _____
Authorized Agent/Applicant Signature

Print Name: _____
Authorized Agent/Applicant

STAFF USE ONLY: Receipt #: _____ Permit #: _____



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@cityofportorchard.us

STREET USE INDEMNIFICATION / HOLD HARMLESS AGREEMENT

Indemnification/Hold Harmless Agreement for

City of Port Orchard Street Use Permit

In consideration of the issuance of a Street Use Permit for the proposed use to be located at _____, the undersigned applicant hereby agrees to defend, indemnify and hold the City, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the street use, or activities performed by the Applicant or on the Applicant's behalf out of issuance of this Permit, except for injuries and damages caused by the sole negligence of the City.

The applicant further agrees to adhere to the standards and requirements set forth in POMC 12.24.

Permit #: _____

Name: _____

Phone #: _____ Email: _____

Applicant Signature

Date

STATE OF WASHINGTON)
) SS
COUNTY OF KITSAP)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of _____, 20____.

NOTARY PUBLIC in and for the
State of Washington, residing at

My appointment expires:
