



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

RIGHT-OF-WAY PERMIT APPLICATION for FRANCHISE

Incomplete Submittals Will Not Be Accepted

1. APPLICANT INFORMATION:

Applicant: Franchise Contractor | Applicant Name: _____

2. FRANCHISE INFORMATION:

Company Name: _____

Company Mailing Address: _____

Company Contact Name: _____

Contact
phone: _____

Contact
Email: _____

Work to be performed by Franchise? Yes No: *If no, complete Contractor Information section below.*

3. CONTRACTOR INFORMATION:

Name of Contractor: _____

Contractor's Mailing Address: _____

Contact Name: _____

Contact
phone: _____


Contact
Email: _____

Contractor's
License #: _____

Expiration Date: _____

UBI #: _____

Contractor City Business License (CBL) status: Active CBL endorsement Applied

*If the contractor doesn't have a CBL or has not applied,  This application will not be accepted. **Apply online at bls.dor.wa.gov***

4. 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 Permit Center for requirements.*

Will any asphalt or concrete be disturbed in the right-of-way (street or sidewalk)? Yes No

Will boring occur under asphalt or concrete in the right-of way? No Yes *If yes, bore length: _____*

Details of Excavation: Depth: _____ x Width: _____ x Length: _____

Number of New or
Replacement Poles: _____

Location of work (e.g., street, sidewalk, shoulder, etc.): _____

Project Description (be specific): _____

Cost Estimate: \$ _____ *Provide the project cost estimate for the work which disturbs the right-of-way, such as excavation, trenching and/or boring, even when it is not in asphalt, concrete or paved areas. Don't include the cost for aerial work, such as stringing wires or changing/transferring pole facilities.*

Proposed timeframe of work (Specify expected starting & completion date): Expected Start: _____

Note: Permit expires in 180 days, unless otherwise specified on the permit. Expected Completion: _____

