

# Right of Way Entry Permit Application

City Hall Phone: 509.422.3600  
P.O. Box 752 Okanogan, WA 98840

Name of Company Conducting Actual Work : \_\_\_\_\_ Date: \_\_\_\_\_

Name of Property Owner or Utility Company: \_\_\_\_\_

Contact Person (s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please Provide a Detailed  
Scope of Work : \_\_\_\_\_

Nearest Street and/or Intersection: \_\_\_\_\_

Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Signature of Applicant or Representative : \_\_\_\_\_

## Fees

No Charge: \_\_\_\_\_ Explain: \_\_\_\_\_

Other Charge: \$100.00 Explain: \_\_\_\_\_

Deposit: \$500.00 (Refundable upon Public Works Approval after Inspection)

Notes: \_\_\_\_\_

City Authorized Signature: \_\_\_\_\_

\_\_\_\_\_ Payment Check # \_\_\_\_\_  
\_\_\_\_\_ Deposit Receipt # \_\_\_\_\_

City Staff Authorization: \_\_\_\_\_

Refund Deposit
_____ Yes _____ No
Explanation: _____
_____
City Staff Authorization: _____
Refund Check # _____