

# Right of Way Entry Permit Application

City Hall Phone: 509-486-2132  
P.O. Box 487 Tonasket WA 98855

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

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

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

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

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

\_\_\_\_\_

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

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

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

---

## Fees

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

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

Minor/ Administrative  
Misc. Inspection Fee: \_\_\_\_\_ Explain: \_\_\_\_\_

OR

Administrative  
Inspection Fee: \_\_\_\_\_ Explain: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ Payment Check # \_\_\_\_\_

\_\_\_\_\_ Deposit Receipt # \_\_\_\_\_

Refund Deposit

\_\_\_ Yes \_\_\_ No

Explanation: \_\_\_\_\_

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

Refund Check #: \_\_\_\_\_

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