



RIGHT-OF-WAY USE PERMIT

Planning and Economic Development Department
200 NE Moe Street | Poulsbo, Washington 98370
(360) 394-9748 | fax (360) 697-8269
www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

A Right-of-Way Use Permit is required to construct, place or erect any structure or other manmade device or artifice on or over the public right-of-way. For complete information on Right-of-Way Use Permit, refer to [Chapter 15.28](#) of the Poulsbo Municipal Code (PMC). Please note all applications for right-of-way use permits shall be reviewed by a technical committee composed of the Planning and Economic Development Director and the City Engineer, or their designees, together with such other City Department heads deemed appropriate.

PROJECT:	
Address:	Tax Parcel ID:
Dimensions of right-of-way:	
Description of the use or structure on the right-of-way:	
Location and dimension of use or structure in the right-of-way:	
Anticipated time for use of right-of-way:	
APPLICANT*:	
Name:	
Address:	
Email:	Phone:
* The applicant must be the owner or is entitled to possession of the property adjacent to the public right-of-way	
REPRESENTATIVE/CONTRACTOR (IF DIFFERENT):	
Name:	Business:
Address:	
Email:	Phone:
SUBMITTAL REQUIREMENTS:	
<input type="checkbox"/> Application Fee: \$10	
<input type="checkbox"/> Vicinity map	
<input type="checkbox"/> Three site plans showing location of use or structure in right-of-way.	
<input type="checkbox"/> One electronic version of all submitted materials in PDF format (CD, thumb drive, or via e-mail).	
<input type="checkbox"/> Notarized property owner and/or applicant signature page (attached).	
<input type="checkbox"/> Any other information/documents:	



SIGNATURES:

I, the undersigned, state that, to the best of my knowledge, all the information provided in this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

I hereby authorize City of Poulsbo representative(s) to inspect the subject property Monday-Friday between the hours of 8:00 am and 4:00 pm during this permit application process.

Signature of Applicant/Agent

Print Name of Applicant/Agent

STATE OF WASHINGTON)) SS
COUNTY OF KITSAP)

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS my hand and official seal this _____ day of _____, 20____.

NOTARY PUBLIC in and for the State of Washington Residing at

Commission Expires _____

PROPERTY OWNER'S SIGNATURE (if other than applicant/agent):

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

Signature of Property Owner

Print Name of Owner

STATE OF WASHINGTON)) SS
COUNTY OF KITSAP)

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS my hand and official seal this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the
State of Washington Residing at

Commission Expires _____