



Right-of-Way Use

Class B

Permit Application

COMMUNITY & ECONOMIC
DEVELOPMENT
DEPARTMENT
Engineering Review Division
4800 S 188th St
SeaTac, WA 98188
206-973-4750

PERMIT # ROW _____ - _____

Project Address:	Parcel #:								
Owner and/or Applicant: Address:	Phone:								
Contact Person: Email Address:	Phone:								
Contractor: City Business Lic. #: State Contractor Lic. #:	Phone:								
Reason for Transport:	Travel Route Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Map of Overhead Aerial Crossing Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Traffic Control Plan Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Description of What is being transported (please check one): <table><tr><td><input type="checkbox"/> Overlegal Load</td><td><input type="checkbox"/> House Move</td></tr><tr><td><input type="checkbox"/> Special Motor Vehicle</td><td><input type="checkbox"/> Manufactured Home</td></tr><tr><td><input type="checkbox"/> Additional Tonnage</td><td><input type="checkbox"/> Construction Trailer</td></tr><tr><td colspan="2"><input type="checkbox"/> Other (specify) _____</td></tr></table>		<input type="checkbox"/> Overlegal Load	<input type="checkbox"/> House Move	<input type="checkbox"/> Special Motor Vehicle	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Additional Tonnage	<input type="checkbox"/> Construction Trailer	<input type="checkbox"/> Other (specify) _____	
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<input type="checkbox"/> Other (specify) _____									

NOTE: ANY ITEM NOT COMPLETE WILL CONSTITUTE AN INCOMPLETE APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT FOR RESUBMITTAL.

ALL WORK SHALL BE PERFORMED IN COMPLIANCE WITH THE CONDITIONS AND REQUIREMENTS OF THE SEATAC CITY CODE. THE PERMITTEE AGREES TO PROSECUTE THE WORK COVERED UNDER THIS PERMIT WITH ALL DILIGENCE AND CONVENIENCE TO THE PUBLIC. AFTER ISSUANCE OF THE PERMIT AND EXPIRATION OF 180 DAYS, UNLESS PERMITTED WORK IS COMPLETED, PERMITTEE SHALL LOSE ALL RIGHTS CONFERRED HEREIN UNLESS SPECIFIC WRITTEN WORK PROVISIONS ARE MADE FOR A RENEWAL OR EXTENSION OF THE PERMIT.

JOB STARTS ARE TO BE CALLED IN TO THE INSPECTION/JOB START REQUEST LINE AT 206.973.4764 A MINIMUM OF 24 HOURS PRIOR TO START OF WORK. **(IF YOU CONTACT US IN THE AFTERNOON YOU MAY NOT START WORK THE NEXT MORNING).**

Applicant Signature: _____ Date: _____

Printed Name: _____



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Permit Checklist

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THE FOLLOWING INFORMATION MUST BE SUBMITTED WHEN APPLYING FOR A CLASS B PERMIT:

	<u>POWER UNIT:</u>	<u>TRAILING UNIT(S):</u>
NO. OF AXLES:	_____	_____
LICENSE/VIN NO:	_____	_____
DESTINATION:	(From): _____	
	(To): _____	
TRIP DATE & TIME:	_____	
CITY STREETS TO BE USED:	_____	

GROSS WGT (lbs):	_____	
LEGAL CAPACITY (lbs):	_____	
EXCESS GROSS WGT (lbs):	_____	
MAX WIDTH:	(Ft): _____	(In.): _____
MAX HEIGHT:	(Ft): _____	(In.): _____
MAX LENGTH:	(Ft): _____	(In.): _____
TRUE AXLE WEIGHTS, IF OVERWEIGHT:		
Axle 1 _____	Axle 4 _____	Axle 7 _____
Axle 2 _____	Axle 5 _____	Axle 8 _____
Axle 3 _____	Axle 6 _____	Axle 9 _____
	Axle 10 _____	Axle 13 _____
	Axle 11 _____	Axle 14 _____
	Axle 12 _____	Axle 15 _____

Receipt of Applicable intake fees: