



# San Juan County Right of Way Permit Application

**Permit # (STAFF USE ONLY)**  
**ROW-**

<p><b>Public Works</b> <i>(APPLICATION QUESTIONS)</i></p> <p>Phone: (360) 370-0500 Email: <a href="mailto:pubwks@sanjuancountywa.gov">pubwks@sanjuancountywa.gov</a></p>	<p><b>Community Development</b> <i>(PERMIT SUBMISSIONS AND FEES)</i></p> <p>Phone: (360) 378-2354 Email: <a href="mailto:dcdpermits@sanjuancountywa.gov">dcdpermits@sanjuancountywa.gov</a> P.O. Box 947 ♦ 135 Rhone St Friday Harbor, WA 98250</p>
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**PROJECT TYPE:** Check one or more boxes below to indicate what type of Right of Way permit(s) you are applying for.

<input type="checkbox"/> DRIVEWAY ACCESS	<input type="checkbox"/> FRONTAGE IMPROVEMENTS	<input type="checkbox"/> UTILITY	<input type="checkbox"/> OTHER
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**PROJECT LOCATION:**

Site Address &/or County Road _____	
Tax Parcel Number: _____	Island: _____

**PROJECT DESCRIPTION:** (describe work or installations affecting county roads or right of way)

*(e.g. "install new driveway off the County road, to access my barn"; "utility crossing and 100 ft. of parallel trenching in County road Right of Way, for OPALCO connection"; "construct temporary access off the County road, for moving house onto lot")*

**ATTACH A MAP OR SITE PLAN SHOWING THE LOCATION OF THE WORK, RELATIVE TO THE RIGHT OF WAY AND PROPERTY BOUNDARIES**

**APPLICANT / OWNER:** In most cases, the 'Applicant' is the owner of the property where the work will occur. For utility franchise work the 'Applicant' is the Franchisee ( i.e. the utility company).

Name of Owner: _____	Phone: _____
Mailing Address: _____	City: _____
Email: _____	State: _____ Zip: _____

**CONTACT PERSON / AUTHORIZED AGENT:** This is the person whom we will communicate with throughout the life of the permit application. If someone other than the owner, fill out the contact details and attach an 'Agent Authorization Form' signed by the owner.

Contact Name: _____	Phone: _____
Email: _____	Phone: _____

**ATTACH AGENT AUTHORIZATION FORM IF CONTACT PERSON IS NOT OWNER**

**CONTRACTOR:** All work in the County road Right of Way must be by a general contractor who has been pre-approved by the Dept. of Public Works (RCW 18.27 & SJC §12.04.040). Contractor selection is not required at time of application. You may check 'Deferred Selection' below.

Contractor Name: _____	Phone: _____
Business Name: _____	Phone: _____
City: _____	Email: _____

CHECK BOX IF DEFERRED CONTRACTOR SELECTION REQUESTED

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**Staff Use Only**  
Permit # **ROW-**

**PROJECT DETAILS:** Complete only the sections that apply. Check all boxes that apply.

DRIVEWAY ACCESS TO COUNTY ROAD &/or FRONTAGE IMPROVEMENTS			
ACCESS TYPE:	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> PRIVATE ROAD	<input type="checkbox"/> TEMPORARY ACCESS
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> FARM / FIELD / OTHER	<input type="checkbox"/> PEDESTRIAN
PROPOSED WORK:	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RELOCATE	<input type="checkbox"/> IMPROVE OR MODIFY
	<input type="checkbox"/> NO WORK PLANNED	<input type="checkbox"/> CHANGE OF USE	<input type="checkbox"/> CURB/GUTTER/SIDEWALK

FEES	
PERMANENT ACCESS	\$100 (PER LOCATION)
TEMPORARY ACCESS	\$50 (PER LOCATION)

UTILITY INSTALLATIONS IN COUNTY RIGHT OF WAY	
<input type="checkbox"/> NEW INSTALLATION	
<input type="checkbox"/> REPAIR	<input type="checkbox"/> Emergency REPAIR (AFTER-THE-FACT)
TRENCHING ALONG THE COUNTY ROAD?	<input type="checkbox"/> YES ESTIMATED # OF FEET

FEES	
NEW INSTALL	\$300 (EACH LOCATION)
REPAIRS	\$150 (EACH LOCATION)
TRENCHING	+\$0.25 PER LINEAR FOOT

OTHER WORK OR INSTALLATIONS IN COUNTY RIGHT OF WAY	
<input type="checkbox"/> INSTALLATIONS	(MISC. INSTALLATIONS IN COUNTY ROAD RIGHT OF WAY)
<input type="checkbox"/> TEMPORARY USE	(MISC. WORK IN COUNTY ROAD RIGHT OF WAY)

FEES	
	\$100 (EACH INSTALLATION)
	\$50 (EACH LOCATION)

PAYMENT SUBMITTED WITH APPLICATION: \$ \_\_\_\_\_ **TOTAL ESTIMATED FEES** \$ \_\_\_\_\_

PLEASE CALCULATE MY FEES FOR ME

**PRINT & SIGN THE APPLICATION:**

*I certify that I am the owner or the authorized agent; I have reviewed the information provided and verify that is true and correct; I further signify that the owner grants permission for San Juan County employees to enter the premises for the purpose of permit inspections.*

<p>_____</p> <p>(SIGNATURE OF OWNER OR AUTHORIZED AGENT)</p>	<p>_____</p> <p>(PRINTED NAME)</p>	<p>_____</p> <p>(DATE)</p>
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**DIRECT QUESTIONS REGARDING APPLICATION TO:**

[San Juan County Public Works](#)  
 Email: [pubwks@sanjuancountywa.gov](mailto:pubwks@sanjuancountywa.gov)  
 Phone: (360) 370-0500

**SUBMIT APPLICATION & FEES TO:**

[SJC Dept. of Community Development](#)  
 Mailing address: P.O. Box 947, Friday Harbor, WA 98250  
 Email: [dcdpermits@sanjuancountywa.gov](mailto:dcdpermits@sanjuancountywa.gov) Phone: (360) 378-2354

**ADDITIONAL INFORMATION FOR APPLICANTS:**

San Juan County Code  
 Chapter 18.60.090 Roads – Public Roads

Revised Code of Washington  
 Title 36, Chapter 75 Roads and Bridges

SAN JUAN COUNTY STAFF USE ONLY			
<b>PERMIT ISSUED:</b>		<b>ACCEPTANCE OF WORK:</b>	
_____	_____	_____	_____
(APPROVED BY)	(DATE)	(APPROVED BY)	(DATE)
EXPIRATION:	EXTENSION:	COUNTY ROAD #	MP
CONTRACTOR APPROVAL: <input type="checkbox"/> PENDING <input type="checkbox"/> VERIFIED		2ND COUNTY ROAD #	MP