

PERMIT #:	WSCO #
-----------	--------

WHATCOM COUNTY PUBLIC WORKS DEPARTMENT	TEMPORARY RIGHT-OF-WAY PERMIT [Not a construction permit]
---	--

APPLICATION DATE	NAME OF ORGANIZATION	CONTACT PERSON		
ADDRESS OF ORGANIZATION (street, city, state, zipcode)		DAYTIME TELEPHONE	EMAIL ADDRESS	
EVENT NAME	NUMBER OF PARTICIPANTS _____	REQUESTED DATE	STARTING TIME	ENDING TIME
LOCATION – STREET & BLOCK NUMBER (attach a detailed map with route clearly identified)				IS THIS A ONE-WAY STREET? YES NO
DESCRIBE USE OF STREET (where blocked, name all streets impacted): ----- ----- -----				
			WILL THERE BE ACCESS FOR EMERGENCY VEHICLES? YES NO	
HOW WILL STREET BE BLOCKED?		HOW MANY LANES OF TRAVEL WILL BE BLOCKED?		
IS TRAFFIC CONTROL NECESSARY? YES NO	NUMBER NEEDED?	WHO WILL PROVIDE?	BETWEEN WHAT HOURS?	
IS LITTER CONTROL PROVIDED? YES NO	IF YES, BY WHOM?	ARE THERE ANIMALS? YES NO	WHAT KIND?	
WILL THERE BE MUSIC? YES NO		WILL THERE BE FLOATS? YES NO		

Outdoor musical entertainment, amusements and assemblies as defined by Whatcom County Code Chapter 5.40 require separate permit approval. Applicant(s) are expected to follow the WSDOT Bicycle Racing Guidelines as well as signage requirements wherever applicable.

NOTE: A consent petition signed by all adjoining property owners and/or tenants may be required prior to issuance.

The applicant(s) agrees, if this permit is granted, to observe all County Ordinances and applicable laws. Applicant(s) further agrees to hold harmless the County of Whatcom, its officers and employees from any incidents or accidents that may occur under this permit within the County right-of-way. The applicant, by signing below, indemnifies and holds Whatcom County harmless from any claim, lawsuit, action for injuries, death, or other cause of action for property damage or personal injury arising from the issuance of a Temporary Right of Way Permit, including claims of participants, pedestrians, or other roadway users.

Applicant(s) certifies that he/she has read and examined this application and that all statements contained therein are true and correct.

Signature of Applicant Print Name Date For _____ Organization

Access for emergency vehicles may be required at any time. The road(s) may be ordered cleared without notice by the Sheriff or Fire Marshall of Whatcom County.					
_____ Sheriff	_____ Date	_____ Fire Marshall	_____ Date	_____ County Engineer	_____ Date

This permit is valid only for the date(s) approved.
This is a Revocable Encroachment Permit and may be voided at any time by the Director of Public Works.

Please return completed form to: smock@co.whatcom.wa.us Phone: (360) 778-6279 FAX: (360) 778-6211	Whatcom County Public Works Engineering 322 N. Commercial Street, Ste 301 Bellingham, WA 98225-4042
--	---