

# Right of Way Application

Development Services  
333 S. Meridian  
Puyallup, WA 98371  
Phone: 253-864-4165  
[www.cityofpuyallup.org](http://www.cityofpuyallup.org)



## Application Fees

- Right of Way Application Fee: \$80
- Public Works Utility Review Fee: \$110
- Right of Way Inspection: \$180
- Open Cut Charge: \$70
- Traffic Control Permit Fee: \$50
- Traffic Control Plan Review Fee: \$40
- Tree Removal Authorization: \$50

Effective Per 4/1/23 [City of Puyallup Fee Schedule](#)

A Right of Way permit is required for any work to be performed within the City of Puyallup public right of way. This may include utility connections, street patching, driveway approach, curb and gutter, sidewalk installation/replacement, etc.

## Submittal Instructions

- 1 Create an account at <https://permits.puyallupwa.gov/Portal/Account/Register> or Sign into the [CityView Portal](#)
- 2 Select "Apply for an Engineering Permit"
- 3 From the *Choose Application Type* drop down list, select "Right of Way Permit". Fill out all sections of the online form and upload all required documents. Note: Failure to upload all the required documents for Step 7 *Upload Files* may delay the processing of your application.

## Project Information

Site Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Scope of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed total length of time for Traffic Control Plan to be in effect: \_\_\_\_\_ hours

## Applicant Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail to Receive Markup Letter: \_\_\_\_\_

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## Contractor Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

WA State License # : \_\_\_\_\_ City Business License # : \_\_\_\_\_

## Submittal Checklist

- Use the check boxes below to ensure the following documents are submitted as applicable at the time of application
- ☐ 1. Completed and Signed Right of Way Application
  - ☐ 2. [Site Plan](#)
  - ☐ 3. [Traffic Control Plan](#) (Additional information can be found here: [TCP's](#))
  - ☐ 4. Street Tree Planting Plan and Arborist Report

## License and Bonding Requirements

- Use the check boxes below to ensure the contractor has the following information for work in the right of way
- ☐ 1. City of Puyallup Business License. [PMC 5.04]
  - ☐ 2. Applicable Bond (on City of Puyallup form) at 150% of the estimated work in the ROW and Power of Attorney attached [PMC 11.05]
  - ☐ 3. Certificate of Insurance evidencing commercial general liability insurance with minimum limits no less than \$2,000,000 each occurrence, \$2,000,000 general aggregate and a \$2,000,000 products-completed operations aggregate limit and automobile liability insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident;. The City of Puyallup shall be named as an additional insured under the applicant's General Liability Insurance policy using ISA additional Insured – State or Political Subdivision – Permits CG 20 12 or a substitute endorsement providing equivalent coverage. [PMC 11.04]
  - ☐ 4. Active Washington State Contractor's License. [Chapter 18.27 RCW]

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## Street Tree Removal/ Replanting/ Planting Design and Submittal Requirements

- If you are applying for a right-of-way permit to remove/replant a street tree, then these additional items are required (disregard if you are applying for a right-of-way permit for another purpose other than street tree removal/replanting):

### Street Tree Removal Requirements

- ☐ 1. Site Plan for Street Tree Removal
  - ☐ A. An overhead site plan drawing, sketch, or photo (such as Google earth or other online service) showing location of existing street tree(s) and proposed street trees (if required to replant).
  - ☐ B. Plan for staging and use of the right of way to conduct removal by contractor.
  - ☐ C. Plan for stump grinding and clean-up of right of way after tree removal is finished.
- ☐ 2. Tree Risk Assessment from Certified Arborist: For unhealthy or hazardous trees, a tree risk assessment from a certified arborist is required to be submitted. For dead trees or trees that are damaging utilities or infrastructure (such as sidewalks), photo evidence may be submitted in place of the Tree Risk Assessment. Submit photos under 'Tree Risk Assessment' Submittal item in permit portal.
- ☐ 3. Plan to replant street trees. All street trees which are removed from planter strips which are wider than 4' may be required to be replanted. The plan to replant required street trees must include the following:
  - ☐ A. Site plan showing location of proposed replanted street trees and location of utilities (both underground and overhead; call 811 for utility locate). All street trees must be located 10' from water and sewer lines. Replaced street trees must have root barriers installed in accordance with the Vegetation Management Standards (VMS) Manual to protect sidewalks. Requirements for root barriers can be found on Pg. 12 of VMS. Show location of root barriers on site plan. City standard detail for root barriers (detail #01.02.03) can be accessed online [here](#)
  - ☐ B. If the planter strip area (between curb and sidewalk) is less than 4' wide, street trees are not permitted to be replanted. Provide the Width of Planter Strip \_\_\_\_\_.
  - ☐ C. List all tree species to be planted, refer to Puyallup Vegetation Management Standards manual Pg. 27-35 for approved species list for street trees. Manual can be access online [here](#). Proposed Street Tree species to be planted: \_\_\_\_\_

### Street Tree Planting Requirements

- If your application is to plant new street trees, provide a design and submittal items meeting steps 3A - 3C above per the Street Tree Removal Requirements list. Note: City may adjust the location of your proposed street tree plantings to avoid conflicts with traffic sight distance and other standards.

## Certification

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete.

Signature of Applicant: John F. Hildenbrand Date: \_\_\_\_\_