



**REQUEST FOR ADMINISTRATIVE
DECISION/DIRECTOR APPROVAL**

DEPARTMENT OF PUBLIC WORKS
33325 8th Avenue South
Federal Way, WA 98003-6325
253-835-2700: Fax 253-835-2709
www.federalwaywa.gov

PERMIT NUMBER	Date
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Applicant

NAME			PRIMARY PHONE
BUSINESS/ORGANIZATION			ALTERNATE PHONE
MAILING ADDRESS			E-MAIL
CITY	STATE	ZIP	FAX

Property Address/Location _____

Description of Request _____

List/Describe Attachments _____

To Be Completed By Staff

- Revisions to Approved ROW Permit - *Actual Review Time Cost if Applicable*
- ROW Code Variance Request - Check Current Fee Schedule – **2024 rate \$607.00**
- Tree Removal - Check Current Fee Schedule
- _____ - Check Current Fee Schedule

1) Conditions of Approval

Yes No Conditions Attached: Yes No _____

2) This application is hereby:

Approved **Denied**

Public Works Director

Date

REQUEST FOR SCHEDULED OVERTIME INSPECTION

Note: Per City of Federal Way Revised Code 19.105.040 Regulation of work hours; **activity to occur at night, a Sunday, Holiday or a Saturday before 9am** requires a **separate** approval by the Department of Community Development. Submit form #080 Request for AD to request a variance 2 weeks in advance to allow time for review & notice.

This completed form must be provided a minimum of 2 working days prior to the inspection date. Approval is based upon inspector availability and variance approval if applicable.

Submittal of request does not constitute an approval to work in the right of way.
Do not begin work until you have received a written approval by City staff.

Permit Number: _____ Site Address/Location: _____

On Site Project Contact: _____ Phone: _____

Description of Work:

Requested Date(s) & Time (traffic control, pulling fiber, excavation, paving, etc.)

From:	TO:	From:	TO:
Mon – Fri Date: ____ / ____ / ____	____ / ____ / ____	Approx. Time:	-
Saturday Date: ____ / ____ / ____		Approx. Time:	-
Sunday Date: ____ / ____ / ____		Approx. Time:	-

Fill out additional sheets for dates/times on the next pages if needed.

2024 FEES		
Type of Inspection	Fee/Hour	Estimated total # of Hours
Right-of-Way	\$264.00	
Site Development	\$264.00	

***4 hour minimum for evening, holiday or weekend work*

Comments, Notes: _____

Submitted By: _____
Name Title & Utility Company Phone No.

Inspector: _____	CD variance approval: _____
Approved as requested? _____	Modified Date/Time: _____
By: _____	Date: _____

REQUEST FOR SCHEDULED OVERTIME INSPECTION

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Name Title & Utility Company Phone No.

Inspector: _____	CD variance approval: _____
Approved as requested? _____	Modified Date/Time: _____
By: _____	Date: _____