



Public Works - Engineering Division
1525 Broadway St. | P.O. Box 128
Longview, WA 98632
Phone 360-442-5086

Application Date: _____

Right-Of-Way and Public Improvement Project Permit Application

Address: _____ Parcel # (If known): _____

Est. Start date: _____ Est. Complete date: _____

General location of work: _____

Total costs of construction (material/labor) (for PIP only): \$ _____

Scope Of Work

Contact Information

Applicant

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contractor

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

The undersigned hereby applies to perform work within the City of Longview public Right-Of-Way and agrees to perform the work in strict compliance with the City of Longview Special Provisions and Standard Drawings. The City of Longview Special Provisions and Standard Drawings are published at www.mylongview.com/427.

Applicant signature

Date