



Permit Center

Location: 400 W. Gowe
 Mail to: 220 4th Avenue S. • Kent, WA 98032
 (253) 856-5300 FAX: (253) 856-6412
 www.ci.kent.wa.us/permitcenter

Rtg. Type	Tracking Number
Project Name	
Date Submitted	
Projected Review Date	
Application received by	

Street Use and Street Cut Permit Application

Please Print in Black Ink Only

Project Name: _____

Project Address or Location: _____

Description of Project: _____

Applicant/Contact	
Contact Person:	
Company Name (if applicable):	
Address:	
City:	Zip:
Phone:	
Email:	

Contractor	
Contact Person:	
Company Name:	
Address:	
City:	Zip:
Phone:	
Email:	
License No.:	

Permit Type	
Street Use ONLY	
<input type="checkbox"/> House Move/Oversize Load	
<input type="checkbox"/> Sidewalk Café	
<input type="checkbox"/> Street Occupation/Street Closure	
<input type="checkbox"/> Street Use only	
Street Use with Cut (Check type of cut below)	
<input type="checkbox"/> 2' x 2' pothole/window	
<input type="checkbox"/> Pavement cut	Size: _____
<input type="checkbox"/> Trench across roadway	Length: _____
<input type="checkbox"/> Trench along shoulder	Length: _____
<input type="checkbox"/> Sidewalk cut	
<input type="checkbox"/> Other: _____	

Traffic Impact	
<input type="checkbox"/> Road Closure/Detour	
<input type="checkbox"/> Road Closure/One Way Traffic with Flaggers	
<input type="checkbox"/> Lane Closure (both directions still open)	
<input type="checkbox"/> Sidewalk Closure	
<input type="checkbox"/> Shoulder Work/Partial Lane Closures	
<input type="checkbox"/> No Traffic Impact	
<input type="checkbox"/> Other (please describe below):	

OFFICIAL USE ONLY	
<input type="checkbox"/> Arterial	
<input type="checkbox"/> Non-Arterial	
<input type="checkbox"/> OCI Index (Per KDCS 6.17.b2-d)	
<input type="checkbox"/> Over 75	
<input type="checkbox"/> Between 55–75	
<input type="checkbox"/> Under 55	
<input type="checkbox"/> Work Hours	
<input type="checkbox"/> Daylight hours per KCC8.05	
<input type="checkbox"/> 9 am–3 pm	
<input type="checkbox"/> 9 am–2 pm (School Zones)	
<input type="checkbox"/> Other _____	

Approximate Project Start Date: _____

Approximate Project End Date: _____

Traffic Control Plans are approved for 60 days unless otherwise specified.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I am either the owner of the property described or I represent the owner or contractor as signified above and am acting with the owner/contractor's full knowledge and consent.

Name (please print) _____ Signature _____ Date _____

Instructions and Checklist for Street Use and Street Cut Permit Applications

IN ORDER TO REVIEW A PERMIT APPLICATION FOR STREET USE OR STREET CUT, THE CITY OF KENT REQUIRES THE FOLLOWING INFORMATION:

- Completed Application Form**
- Traffic Control Plans (Three (3) Copies)**

The Traffic Control Plan (TCP) showing how traffic will move safely through the construction area, per City of Kent Design and Construction Standards.

For a summarized version of these requirements, you may also use the Checklist for Completeness of a Traffic Control Plan, available at www.ci.kent.wa.us/permitcenter.
- Certificate of Insurance (One (1) Copy)**

The Certificate of Insurance must be attached to the permit application. Refer to Development Assistance Brochure #11 for complete information on insurance requirements. Contractor's liability insurance is required for any work in public right-of-way, and must name the City of Kent as additional insured.
- Engineering Plans (Three (3) Copies)**

Show what work will be done or what facilities will be installed in the right-of-way.

Instructions and Checklist for House Move/Oversize Load

IN ORDER TO REVIEW A PERMIT APPLICATION FOR HOUSE MOVE/OVERSIZED LOAD, THE CITY OF KENT REQUIRES THE FOLLOWING INFORMATION:

- Completed Application Form**
- Certificate of Insurance**
- Route Plan**
 - _____ Description Narrative
 - _____ Map Showing Route
- Description of Load**—Width, Height, Overall Length, Weight or copy of a DOT permit