CITY OF Federal Way

REGISTRATION # _____-_____

Right-of-Way Activity Permit

DATE OF PROPOSED ACTIVITY: _____

NAME OF PROPOSED ACTIVITY: _____

NAME OF APPLICANT: _____

PHYSICAL ADDRESS: _____

Street **City** **State** **Zip**

MAILING ADDRESS: ☐ Same as physical address (if not, please indicate below)

_____

Street **City** **State** **Zip**

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ALTERNATE CONTACT PERSON: **NAME:** _____ **Ph #** _____

TYPE OF ACTIVITY: ☐ Parade ☐ Run ☐ Walk ☐ Procession ☐ March ☐ Race
☐ Block Party ☐ Demonstration ☐ Exhibition ☐ Organized Rally
☐ Other (specify) _____

PLEASE ATTACH A MAP OF DESIRED ROUTE/ACTIVITY LOCATION.

Desired route, including assembling points:

_____

_____

_____

Traffic and activity control plan:

_____

_____

_____

Are traffic/pedestrian barricades needed? ☐ **Yes** ☐ **No**. If **YES**, barricade placement locations:

_____

_____

_____

Number of Persons: _____ Vehicles: _____ Animals: _____

Proposed Time Of Activity: Start Time: _____ End Time: _____

CITY OF Federal Way

Name of Insurance company and policy number:

_____

_____

CERTIFICATE HOLDER: City of Federal Way, 33325 8th Ave S, Federal Way, WA 98003

Right of Way Activity Permit Fee per adopted City Fee Schedule $191

PLEASE ATTACH ADDITIONAL PAGES OR MAPS IF MORE SPACE IS NEEDED

Does applicant have previous experience with activity: ☐ Yes ☐ No

ADDRESS: _____

PHONE: _____

_____ _____

Signature of Applicant Date of Application

Electronic signature not accepted

For City Use Only

Police Department Approval:

_____

☐ Approved ☐ Denied By: _____ Title: _____

Public Works Department Acknowledged:

_____

☐ Received By: _____ Title: _____

Fire District Acknowledged:

_____

_____

☐ Received By: _____ Title: _____

Finance Department Payment Received:

_____

☐ Received By: _____ Title: _____

Permit Issued: By: _____ Date: _____