



**REQUIRED FORMS AND FEES –  
STREET WORK PERMIT  
(Form Attached with Examples)**

*(STREET WORK PERMIT - required when any person, firm or corporation, requests to cut up, dig up, undermine, break, excavate, tunnel or in any way disturb or obstruct any street alley, street pavement or improvement on City-owned property; MMC 12.04)*

**Before submittal, below are the required Forms for processing a Street Work Permit (permittee shall submit the following four (4) attachments):**

1. Signed Street Work Permit form
2. Certificate of Insurance - (***with the City of Milton added as an additional Insured in the “Description of Operations” box near the bottom of the page***)
3. Performance Bond - (**\$5000 or 1.25x cost of job, whichever is GREATER**) including:
  - Original Signatures
  - Original Stamp or Embossment
  - **MUST** be good for two years
4. Traffic Control Plan

**FEES:**

1. \$50.00 for each street opening up to 100 lineal feet plus \$.20 per foot for each additional lineal foot.

*Once permit form has all approvals, applicant will be contacted and advised approved form is ready for pickup and payment.*



**STREET WORK PERMIT**  
**PUBLIC WORKS DEPARTMENT**  
 1000 Laurel Street, Milton, WA 98354-8852  
 Phone: (253) 922-8738 Fax: (253) 922-3466

For Administrative Use Only Permit Approved Electric Foreman: _____ ST/W/SWR Foreman: _____
--

Project Name \_\_\_\_\_ Site Address \_\_\_\_\_

Applicant, Contractor or Company \_\_\_\_\_

Mailing Address (City, State & Zip) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Permission is hereby requested to: \_\_\_\_\_

Work will be completed on or before date: \_\_\_\_\_

Special Provisions: \_\_\_\_\_

1. The holder also agrees to indemnify and hold the City of Milton harmless from any and all loss or damage done to any person or property which may arise from the construction operations covered by this permit, and to protect the public by placing sufficient barricades and lights all by existing ordinances.
2. The holder of this permit agrees to complete the work for which this permit is granted, and to do so by the requirements of Milton Municipal Code, Chapter 12.04 and to the satisfaction of the Public Works Director before final acceptance as required by the provisions of the bond. Trench backfill must have the top 18 inches of gravel unless waived by the Public Works Director.
3. As specified in Milton Municipal Code, Chapter 12.04, a **Performance Bond is required to fully warrant the work for a period of two years (from completion date)**, Liability insurance coverage in the form of a **Certificate of Insurance showing the City of Milton as additional insured**, and **Traffic Control Plan** are required.
4. **This permit expires in 20 days unless otherwise noted** (in section "Work will be completed on or before date").
5. All work must be inspected prior to cover or backfilling. Upon completion, the job must have a final inspection acceptable to the Public Works Director.
6. The City shall not guarantee water works information.
7. The permittee hereby agrees to all of the above stipulations.

**\*NOTE: NO WORK SHALL BE CONDUCTED ON SATURDAYS, SUNDAYS, OR HOLIDAYS -  
 NO WORK SHALL BE CONDUCTED BEFORE 8:00 AM OR AFTER 4:30 PM MONDAY THROUGH FRIDAY  
 (Contractor shall notify Public Works Office 24 hours before work begins)**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ City Engineer Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Project Accepted:</b> _____	
By Street Supervisor - Signature _____ (Date) _____	City Engineer - Signature _____ (Date) _____
Remarks: _____	

**FEE: \$50.00 for each street opening up to 100 lineal feet, plus \$.20 per foot for each additional lineal foot.**

Permit # \_\_\_\_\_ Total Due \_\_\_\_\_ CMR# \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

JEPFL-1

OP ID: PF

DATE (MM/DD/YYYY)

07/02/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Taylor-Thomason Ins. Brokers 3401 South 19th Street P.O. Box 7187 Tacoma, WA 98417 Tom Taylor, Jr. CPCU, ARM, AAI		<b>CONTACT NAME:</b> Tom Taylor, Jr., CPCU <b>PHONE (A/C, No, Ex):</b> 253-281-7000 <b>FAX (A/C, No):</b> 253-281-7904 <b>E-MAIL ADDRESS:</b> tom@tth.com	
<b>INSURED</b> [REDACTED] [REDACTED] [REDACTED] Puyallup, WA 98342		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Ohio Casualty Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Stop Gap GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		BKS56360428	11/07/2014	11/07/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAS56360428	11/08/2014	11/08/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			USD56360428	11/08/2014	11/08/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Operations of the named insured  
 The City of Milton is additional insured per per attached form 000000.

**CERTIFICATE HOLDER**

City of Milton  
 1000 Laurel Street  
 Milton, WA 98354

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Tom Taylor, Jr.*

# TRAFFIC PLAN

END ROAD WORK 48"x24" or taper to show end B/D of work area

SIGN SPACING = X (FEET)

Rural Roads	25/35 MPH	500'-1-
Urban Arterials A	35/40 MPH	350'-1-
Rural Roads	25/30 MPH	200'-1-
Urban Streets		
Residential & Business Districts		

Margins are 48"x48" block on orange unless otherwise designated.

CHANNELIZING DEVICE SPACING (FEET)

MPH	TAPER	TANGENT
50/65	40	80
35/45	30	60
25/30	20	40

BUFFER DATA

BUFFER SPACE = B

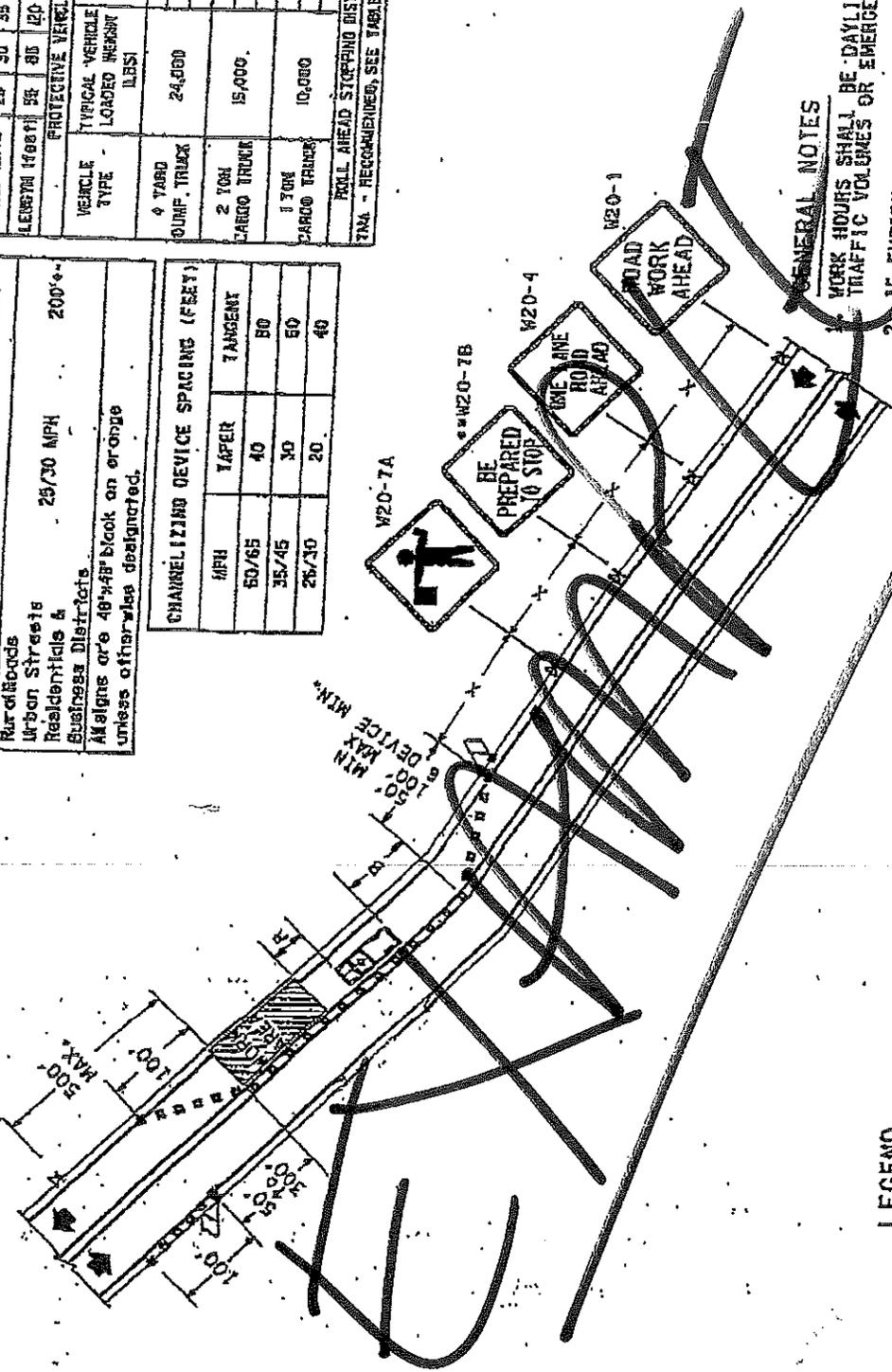
SPEED (MPH)	25	30	35	40	45	50	60	65
LENGTH (feet)	55	85	120	170	230	280	335	405

PROTECTIVE VEHICLE 60' L. AHEAD DISTANCE = R\*

VEHICLE TYPE	TYPICAL VEHICLE LOADED WEIGHT (LBS)	POSTED SPEED (MPH)	STATIONARY OPERATION (feet)
TRUCK	24,000	50-55	200
TRUCK	15,000	50-55	75
TRUCK	10,000	45	50
TRUCK		50-55	100
TRUCK		45	75
TRUCK		50-55	200
TRUCK		45	150
TRUCK		45	100

\* VALUES MAY BE REDUCED IN ACCORDANCE WITH TMA USE, SEE PAGE 5.

TMA - RECOMMENDED, SEE TABLE FOR APPLICATION PRIORITIES, PAGE 6.



## GENERAL NOTES

- WORK HOURS SHALL BE DAYLIGHT HOURS ONLY, UNLESS TRAFFIC VOLUMES OR EMERGENCIES DICTATE OTHERWISE.
- IF ENTIRE WORK AREA IS VISIBLE FROM ONE STATION, FLAGGER MAY BE USED, OTHERWISE, ONE FLAGGER WILL BE REQUIRED FOR EACH DIRECTION.
- EXTEND DEVICES TAPER ACROSS SHOULDER.
- PROTECTIVE VEHICLE RECOMMENDED - MAY BE A WORK VEHICLE.
- SIGN SEQUENCE IS THE SAME FOR BOTH DIRECTIONS OF TRAVEL ON THE HIGHWAY.

## LEGEND

- SIGN LOCATION
  - □ □ TEMPORARY TRAFFIC CONTROL DEVICES
  - △ FLAGGING STATION
  - ▭ PROTECTIVE VEHICLE - RECOMMENDED
- ALTERNATING ONE-WAY TRAFFIC  
FLAGGER CONTROLLER



**CITY OF MILTON PUBLIC WORKS DEPARTMENT**

**Bond Number:** \_\_\_\_\_

**Street Work Permit Number:** \_\_\_\_\_

**STREET WORK PERMIT  
PERFORMANCE BOND**

WHEREAS, \_\_\_\_\_, hereinafter referred to as "the Principal", has applied to the City of Milton, hereinafter referred to as "the City", for permission to cut up, dig up, undermine, break, excavate, tunnel, or disturb a street, alley, street pavement or improvement, or other city-owned property on a site located at \_\_\_\_\_; and

WHEREAS, the City approved the requested action on \_\_\_\_\_, 20\_\_\_\_\_, under Street Work Permit \_\_\_\_\_; and

WHEREAS, the approval granted by the City requires certain work described in Street Work Permit No. \_\_\_\_\_ to be completed in accordance with the provisions of the Milton Municipal Code and the City of Milton's Development Guidelines and Public Works Standards;

NOW, THEREFORE, the undersigned Principal and \_\_\_\_\_, a corporation authorized to transact surety business in the State of Washington, hereinafter referred to as "the Surety", agree and bind themselves, their heirs, executors, administrators and assigns, unto the City in the sum of \_\_\_\_\_ (\$\_\_\_\_\_), lawful money of the United States, according to the following terms and conditions:

1) In the event the Principal shall not have (a) completed all improvements required by the above-referenced conditions, plans, and file within the time period specified or (b) paid all sums owing to contractors, suppliers or others as a result of such work for which a lien against any City property has arisen or may arise, then the Surety shall, within thirty (30) days of demand of the City, either:

A. Remedy the default itself with reasonable diligence pursuant to a time schedule acceptable to the City, but in no event later than ninety (90) days measured from the City's written demand; or

B. Tender to the City within an additional five (5) business days the amount reasonably necessary, as determined by the City, for the City to remedy the default, up to the total bond amount. Should the City elect this option, then upon completion of the Improvements by the City, the City shall, after acceptance of any warranty maintenance, monitoring, or other applicable permit requirements, return any excess to Surety. Principal hereby grants to the City, its employees, contractors and agents an irrevocable right of access onto and across the property underlying and adjacent to the Improvements for the purpose of constructing and installing the same. This provision shall not be construed as creating an obligation on the part of the City or its representatives.

2) Notwithstanding any other provision of this Performance Bond, if any defect in or failure of any improvement covered by this Bond should result, in the sole determination of the City, in an emergency which necessitates immediate repair or replacement, the notice requirements of this Bond may be dispensed with and the City may repair or replace, or cause to have repaired or replaced, the defective improvement. In such case the Surety shall, upon receipt of an invoice from the City detailing the costs of such repair, replacement, and associated costs, forward the full amount of such invoice to the City within twenty (20) days of receipt.

3) If legal action by the City of Milton is necessary to collect on the bond or otherwise enforce its rights hereunder, Surety shall fully reimburse the City of Milton, in addition to the bond amount, for legal fees and costs necessary to enforce such collection.

4) This Performance Bond shall remain in full force and effect until the obligations secured hereby have been fully performed and formally accepted by the City, and a bond, to warranty all improvements from any defect or defects in any of the material or workmanship entering into any part of the improvements, which shall develop or be discovered for a period of at least two years from acceptance, has been submitted to the City in an amount of not less than ten (10) percent of the cost of the improvements and in a form suitable to the City, and until released in writing by the City at the request of the Surety or the Principal.

6) The City may require Principal to post additional bond funds if the City reasonably determines that a change in conditions or circumstances makes additional security necessary to guarantee performance by Principal.

7) This bond shall be governed by the laws of the State of Washington. The exclusive venue for any litigation between the parties arising out of this bond shall be the Superior Court for \_\_\_\_\_ County, Washington. Each party formally submits and agrees to the jurisdiction of said court.

SEALED and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Principal**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Print or Type Name of Principal

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

**Surety**

\_\_\_\_\_  
Signature of Surety

\_\_\_\_\_  
Print or Type Name of Surety

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

**Obligee**

\_\_\_\_\_  
City of Milton

\_\_\_\_\_  
1000 Laurel Street

\_\_\_\_\_  
Milton, WA 98353

\_\_\_\_\_  
(253) 922-8733

\_\_\_\_\_  
City of Milton Authority Signature

**PRINCIPAL**

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
(Principal) is the person who appeared before me, and said person acknowledged that he/she signed  
this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes  
mentioned in this instrument.

DATED: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, State of Washington,

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

Residing at: \_\_\_\_\_

My appointment expires: \_\_\_\_\_

**SURETY**

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
(Surety) is the person who appeared before me, and said person acknowledged that he/she signed  
this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes  
mentioned in this instrument.

DATED: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, State of Washington,

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

Residing at: \_\_\_\_\_

My appointment expires: \_\_\_\_\_



