



## 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 five (5) 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
5. Site Plan – Description/plans for requested work performed within the City of Milton

### **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

<b>For Administrative Use Only</b> Permit Approved <b>ELECTRIC</b> Foreman: _____ <b>ST/W/SWR</b> Foreman: _____
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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: \_\_\_\_\_

**CITY REQUIRED 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 Completed/Accepted:</b> By Street Supervisor - Signature _____ (Date) _____ City Engineer - Signature _____ (Date) _____ Remarks Regarding Acceptance: _____
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**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

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).

**PRODUCER**  
 Taylor-Thomason Ins. Brokers  
 3401 South 19th Street  
 P.O. Box 7187  
 Tacoma, WA 98417  
 Tom Taylor, Jr. CPCU, ARM, AAI

**CONTACT NAME:** [REDACTED]  
**PHONE (A/C, No, Ex):** 252-201-7000 **FAX (A/C, No):** [REDACTED]  
**E-MAIL ADDRESS:** tom@thomast.com  
**INSURER(S) AFFORDING COVERAGE**  
 INSURER A: Ohio Casualty Insurance Co  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:  
 INSURER F:

**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 UNPAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (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: <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	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 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED RETENTION \$			USD56360428	11/08/2014	11/08/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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			PER STATUTE OTH-ER 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 [REDACTED]

**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  
 [Signature]



CITY OF MILTON PUBLIC WORKS DEPARTMENT

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

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

**STREET WORK PERMIT BOND**

WHEREAS, \_\_\_\_\_, as Principal, has applied to the City of Milton 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 as Surety, agree and bind themselves, their heirs, executors, administrators and assigns, unto the City in the sum of \_\_\_\_\_ (\$ \_\_\_\_\_), lawful money of the United States, such that if the said principal shall keep and save the city harmless from any and all claims, liabilities, judgments, loss, damages, expenses arising from any acts which said permittee may do under the permit, or which may be done by any agent, servant, representative or employee in excavation or disturbing any such alley, street, pavement or improvement, or by reason of the violation of any of the provisions of the Milton Municipal Code, and to otherwise fully warrant the work and acts required hereunder for a period of two years or within such extensions of time as may be granted, then and in that event





STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_ of the City of Milton to be the free and voluntary act of such City for the uses and purposes mentioned in the instrument

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

NOTARY PUBLIC, State of Washington,

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

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

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

**LONGITUDINAL BUFFER SPACE = B**

POSTED SPEED (MPH)	25	30	35	40	45	50	55	60	65
LENGTH B (FEET)	155	200	250	305	360	425	495	570	645

**BUFFER DATA**

TYPICAL PROTECTIVE VEHICLE WITH TMA (SEE NOTE 1)	
VEHICLE TYPE	LOADED WEIGHT
4 YARD DUMP TRUCK, SERVICE TRUCK, FLAT BED, ETC.	MINIMUM WEIGHT 15,000 LBS. (MAXIMUM WEIGHT SHALL BE IN ACCORDANCE WITH FACTURER RECOMMENDATION)
① ROLL-AHEAD STOPPING DISTANCE = 30 FEET MIN. (DRY PAVEMENT ASSUMED)	

**NOTES**

1. A Protective Vehicle is recommended regardless if a Truck Mounted Attenuator (TMA) is available; a work vehicle may be used. When no TMA is used, the Protective Vehicle shall be strategically located to shield workers, with no specific Roll-Ahead distance.
2. Night work requires additional roadway lighting at flagging stations. See WSDOT Standard Specifications for additional details.
3. Extend Channelizing Device taper across shoulder ~ recommended.
4. Sign sequence is the same for both directions of travel on the roadway.
5. Channelizing Device spacing for the downstream taper option shall be 20' O.C.
6. For signs size refer to Manual on Uniform Traffic Control Devices (MUTCD) and WSDOT Sign Fabrication Manual M55-05.

**SIGN SPACING = X (1)**

RURAL HIGHWAYS	60 / 65 MPH	800' ±
RURAL ROADS	45 / 55 MPH	500' ±
RURAL ROADS & URBAN ARTERIALS	35 / 40 MPH	350' ±
RURAL ROADS, URBAN ARTERIALS, RESIDENTIAL & BUSINESS DISTRICTS	25 / 30 MPH	200' ± (2)
URBAN STREETS	25 MPH OR LESS	100' ± (2)

ALL SIGNS ARE BLACK ON ORANGE UNLESS DESIGNATED OTHERWISE

- (1) ALL SIGN SPACING MAY BE ADJUSTED TO ACCOMMODATE INTERCHANGE RAMP, AT-GRADE INTERSECTIONS, AND DRIVEWAYS.
- (2) THIS SIGN SPACING MAY BE REDUCED IN URBAN AREAS TO FIT ROADWAY CONDITIONS.

**FOR LOCAL AGENCY USE ONLY  
NOT FOR USE ON STATE ROUTES**



EXPIRES AUGUST 9, 2007

**LANE CLOSURE  
WITH FLAGGER CONTROL  
STANDARD PLAN K-20.40-00**

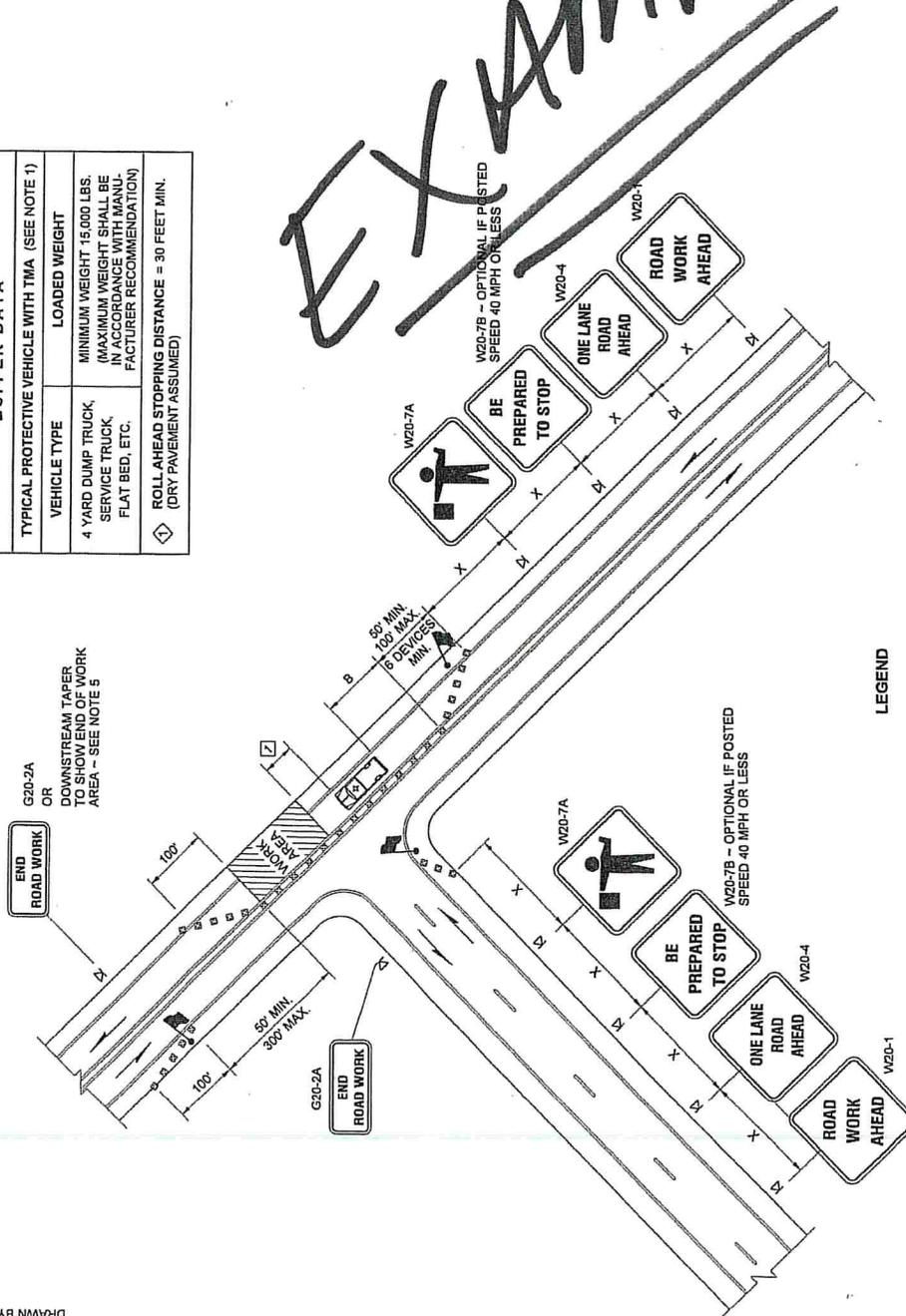
SHEET 1 OF 1 SHEET

APPROVED FOR PUBLICATION

*Paul Smith*  
STATE DESIGN ENGINEER  
Washington State Department of Transportation

DATE: 02/15/07

EXAMPLE



**LEGEND**

- FLAGGING STATION
- SIGN LOCATION
- CHANNELIZING DEVICES
- PROTECTIVE VEHICLE - RECOMMENDED