



Right-of-way Application

I. Applicant Information

PART A: Applicant

(1) Name: \_\_\_\_\_ (2) Date: \_\_\_\_\_
Full Corporate Name or Individual Name

(3) Address: \_\_\_\_\_
Street Address Apartment/Unit #
City State ZIP Code

(4) Phone 1: ( ) - Phone 2: ( ) - (5) E-mail: \_\_\_\_\_

(6) Is billing address the same as shown above? YES NO
If no, please enter billing address:

Billing Address: \_\_\_\_\_
Street Address or PO Box City State ZIP Code

(7) Legal Entity - Please check the applicable entity listed below:
Individual, Multiple Individuals, Spouses/Individual Married Couple..... Name:
Corporation..... State of Registration:
General Partnership
Limited Liability Company..... State of Registration:
Limited Partnership..... State of Registration:
Governmental Agency
Other..... Please describe:

(8) Relationship to Applicant: SELF REPRESENTATIVE
If Applicant's Representative, please complete Part B.

PART B: Applicant's Representative

(a) Representative Name: \_\_\_\_\_
First Name Last Name Title

(b) Type of Representative (guardian, attorney, employee, etc.): \_\_\_\_\_

(c) Address: \_\_\_\_\_
Street Address City State ZIP Code

(d) Phone: ( ) (e) E-mail: \_\_\_\_\_

## II. Right-of-way Proposal

### PART A: Description

(9) What are you applying for?       EASEMENT       PERMIT/LICENSE

(10) Estimated Start Date of Proposal: \_\_\_\_\_

(11) Length of Time Requested for the Easement or Permit:    YEARS: \_\_\_\_\_ **OR**    MONTHS: \_\_\_\_\_

(12) Type of Use (*Check all that apply.*)

<input type="checkbox"/> Road	Purpose: <input type="checkbox"/> Resource Use (e.g., removal of timber, rocks, crops, or other valuable materials) <input type="checkbox"/> Administrative <input type="checkbox"/> Public Use (e.g., county roads, city streets, highways) <input type="checkbox"/> Any/All Purpose	<input type="checkbox"/> New Construction:  <input type="checkbox"/> Existing:	Width (ft): Length (ft): Acres: Width (ft): Length (ft): Acres:
<input type="checkbox"/> Trail	Purpose: <input type="checkbox"/> Public Use <input type="checkbox"/> Personal	<input type="checkbox"/> New Construction:  <input type="checkbox"/> Existing:	Width (ft): Length (ft): Acres: Width (ft): Length (ft): Acres:
Type (motorized (ORV), non-motorized, multi-use, hiking, etc.):			
<input type="checkbox"/> Communication Line	Type ( <i>phone, fiber optic, etc.</i> ):	<input type="checkbox"/> New Construction:	Width (ft):
	Location ( <i>overhead, buried, etc.</i> ):	<input type="checkbox"/> Existing:	Length (ft):
	Who will the line serve? ( <i>i.e., residential, commercial</i> )	How many units will the line serve?	
			Acres:
<input type="checkbox"/> Railroad	Describe:	<input type="checkbox"/> New Construction:	Width (ft):
		<input type="checkbox"/> Existing:	Length (ft):
			Acres:
<input type="checkbox"/> Utility Line	Type ( <i>sewer, power, domestic water, gas, etc.</i> ):	<input type="checkbox"/> New Construction:	Width (ft):
	Location ( <i>overhead, buried, etc.</i> ):	<input type="checkbox"/> Existing:	Length (ft):
	Describe Facility ( <i>6" double wall pipe, 500 KV Transmission Line, etc.</i> ):		Acres:
	Who will the line serve? ( <i>i.e., residential, commercial</i> )	How many units will the line serve?	
<input type="checkbox"/> Well, Irrigation, Diking	Describe:	<input type="checkbox"/> New Construction:	Width (ft):
		<input type="checkbox"/> Existing:	Length (ft):
			Acres:
<input type="checkbox"/> Beam Path, View, Light, Air, Open Space	Describe:		Acres:
<input type="checkbox"/> Overflow, Reservoir	Describe:		Acres:

<input type="checkbox"/> Other?	Describe:
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(13)(a) Describe the proposed use of the right-of-way on DNR-managed land and, if applicable, (b) the proposed use of the property which will benefit from the easement or permit: \_\_\_\_\_

(14) *Road Use Permits Only* - If you are applying for a road use permit, please estimate the volume of timber, rock, or agricultural products to be hauled and number of acres from which valuable materials will be removed:

Mbf: \_\_\_\_\_ Cubic Yards: \_\_\_\_\_

Tons: \_\_\_\_\_ Acres from which valuable material will be removed: \_\_\_\_\_

(15) Will timber or other valuable materials need to be removed from state land as part of this proposal?  NO  YES: \_\_\_\_\_

Type of valuable material: \_\_\_\_\_

Volume to be removed: \_\_\_\_\_

(16) Does this proposal cross aquatic lands\*?  YES  NO  DON'T KNOW

\*RCW 79.105.060 "Aquatic lands" means all tidelands, shorelands, harbor areas, and the beds of navigable waters. **If "Yes", please contact Aquatic Resources Division at 360-902-1100.**

**Part B: Location**

(17) Please enter the legal description(s) of the proposed easement or permit.

Subdivision (1/4 or Lot #)	Section	Township	Range	County	Type of Use (As listed in Part II.A. above.)
			<input type="checkbox"/> W <input type="checkbox"/> E		
			<input type="checkbox"/> W <input type="checkbox"/> E		
			<input type="checkbox"/> W <input type="checkbox"/> E		
			<input type="checkbox"/> W <input type="checkbox"/> E		
			<input type="checkbox"/> W <input type="checkbox"/> E		
			<input type="checkbox"/> W <input type="checkbox"/> E		
			<input type="checkbox"/> W <input type="checkbox"/> E		
			<input type="checkbox"/> W <input type="checkbox"/> E		

**Please attach an additional sheet if additional legal descriptions apply.**

(18) **A map must be included with this application.** (At a minimum, the applicant is responsible for submitting a preliminary map for review by the Department prior to acceptance of this application.) Please refer to Application Instructions and contact the region office for a complete list of map requirements.

(19) Please enter the legal description(s) below **OR** attach a copy of the deed for each benefitting parcel (i.e., the property that the easement or permit accesses or where valuable materials will be removed).

Subdivision (1/4 1/4 or Lot #)	Section	Township	RANGE	County
			<input type="checkbox"/> W <input type="checkbox"/> E	
			<input type="checkbox"/> W <input type="checkbox"/> E	
			<input type="checkbox"/> W <input type="checkbox"/> E	
			<input type="checkbox"/> W <input type="checkbox"/> E	
			<input type="checkbox"/> W <input type="checkbox"/> E	
			<input type="checkbox"/> W <input type="checkbox"/> E	
			<input type="checkbox"/> W <input type="checkbox"/> E	
			<input type="checkbox"/> W <input type="checkbox"/> E	

Please attach an additional sheet if additional legal descriptions apply.

**III. Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I understand that the submittal and acceptance of this application does not constitute the State's grant of any right, does not guarantee a grant of any right and any use of State land without permission will be considered a trespass.

This application will expire if the applicant does not contact in writing the Department for two years after the submittal date.

Applicant: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
(Please Print)

<b>INTERNAL USE ONLY</b>			
<b>Region</b>			
Received by:		Date:	
Reviewed By:		Date:	
Region:			
Application Complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO. List incomplete sections:		
Application Accepted?	<input type="checkbox"/> YES <input type="checkbox"/> NO. Reason for denial:	Date:	
Submitted to Title and Records Office (TRO):	<input type="checkbox"/> YES <input type="checkbox"/> NO	TRO File Number Requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO Date:
SEPA Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "No", please list statutory ( <a href="#">Chapter 43.21C RCW</a> ) or categorical ( <a href="#">WAC 197-11-800 through 890</a> ) exemption:	
<b>Title and Records Office</b>			
Date Received:	Title Examiner:		
File Number:			