

**City of Langley  
Right-Of-Way-Use  
Permit Application**

OFFICE USE ONLY
PERMIT TYPE
CONSTRUCTION _____
TEMPORARY _____
BLANKET _____
PERMIT FEE _____

Permit # \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: Home \_\_\_\_\_

Address: \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_

Owner: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Developer: \_\_\_\_\_

(Franchise Holder)

State License #: \_\_\_\_\_ Expires \_\_\_\_\_

City License #: \_\_\_\_\_ Expires \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Project  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have liability insurance: (yes) (no) Agent: \_\_\_\_\_  
Phone Number \_\_\_\_\_

Agreement to Indemnify and Hold the City of Langley Harmless from Claims.

I, the undersigned, \_\_\_\_\_, through the signing of this Agreement, indemnify, hold harmless, and defend the City of Langley and its agents and employees from all suits and actions, including reasonable attorneys' fees and all costs of litigation and judgment of every name and description against the City as a result of loss, damage or injury to person or property by reason of any action or omission by \_\_\_\_\_, for the activities described on this permit application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2007

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Right of Way Use Permit Application

Plans must be submitted with this application. Bonding and insurance requirements will be determined upon a preliminary application review by the City.

The owner and the applicant agree to comply with all applicable ordinances and standards of the City of Langley.

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Signature of Owner or Authorized Agent

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Signature of Developer

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Signature of Applicant

Right of Way Use Permit

FOR OFFICE USE ONLY

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Applicant: \_\_\_\_\_ Permit #: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Approvals:**

Public Works \_\_\_\_\_ Police \_\_\_\_\_ Fire \_\_\_\_\_ DRB \_\_\_\_\_

Engineering \_\_\_\_\_ Building \_\_\_\_\_ Planning \_\_\_\_\_

**Submittals:**

Plans \_\_\_\_\_ Approved By: \_\_\_\_\_

Insurance Certificate: \_\_\_\_\_

Performance Bond: \_\_\_\_\_

Maintenance Bond: \_\_\_\_\_

Approved: \_\_\_\_\_ By: \_\_\_\_\_

Valid: From \_\_\_\_\_ to \_\_\_\_\_

By: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

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Fee Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_