

## WORK HOUR VARIANCE REQUEST COMMUNITY DEVELOPMENT DEPARTMENT

33325 8th Avenue South Federal Way, WA 98003-6325

253-835-2607, permitcenter@cityoffederalwaycom www.cityoffederalway.com

FILE NUMBER			DATE	
PPLICANT INFORMATION				
AME	PRIMARY PHONE			
USINESS/ORGANIZATION			ALTERNATE PI	HONE
AILING ADDRESS			E-MAIL	
TY	STATE	ZIP	FAX	
Location of Work (for work on both public	& private p	roperty; compl	ete both sections):	
☐ Private Property (Address/Parce	l #):			
☐ Public Right-of-Way (Street/Cro				
Date(s) of Proposed Work:				
Hours of Proposed Work:				
Description of Proposed Work & Equipn				
Names & phone numbers of TWO contac	ets that wil	ll be available	during proposed we	ork hours:
1)		(	) -	-
2)				
Reason proposed work must be complete  Provide a brief explanation of why the wo				pacts to surrounding properties
See the seco	nd page	for addition	al application que	estions.

## TO BE COMPLETED BY APPLICANT

1) V	Vill the follov	ving crite	eria be me	t in acc	cordanc	e with FWI	RC 19.1	105.040(3)	,			
	Yes N □ □					at least seven			of the wo	rk to own	ers and occ	cupants of
						les construct						
2) It	f answered n	o to abov	e question	ıs, expl	lain wh	at methods	of a no	tice will be	provide	l, or why	a notice i	s not nece
	All	applicat	ion mater	ials mi	ust ha si	ıbmitted ele	ectroni	cally. Plea	se visit o			
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