



**REQUEST FOR ADMINISTRATIVE  
DECISION/DIRECTOR APPROVAL**

DEPARTMENT OF PUBLIC WORKS  
33325 8<sup>th</sup> Avenue South  
Federal Way, WA 98003-6325  
253-835-2700: Fax 253-835-2709

<b>FILE NUMBER</b>	<b>Date</b>
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**Applicant**

<b>NAME</b>			<b>PRIMARY PHONE</b>
<b>BUSINESS/ORGANIZATION</b>			<b>ALTERNATE PHONE</b>
<b>MAILING ADDRESS</b>			<b>E-MAIL</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>FAX</b>

**Property Address/Location** \_\_\_\_\_

**Description of Request** \_\_\_\_\_

**List/Describe Attachments** \_\_\_\_\_

**To Be Completed By Staff**

- Revisions to Approved ROW Permit - *Actual Review Time Cost if Applicable*
- ROW Code Variance Request - Check Current Fee Schedule – 2023 rate \$580.00
- Tree Removal - Check Current Fee Schedule
- \_\_\_\_\_ - Check Current Fee Schedule

**1) Conditions of Approval**

Yes  No      Conditions Attached:  Yes  No \_\_\_\_\_

**2) This application is hereby:**

**Approved**                       **Denied**

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
Date

## REQUEST FOR SCHEDULED OVERTIME INSPECTION

Note: Per City of Federal Way Revised Code 19.105.040 Regulation of work hours; **activity to occur at night, a Sunday, Holiday or a Saturday before 9am** requires a **separate** approval by the Department of Community Development. Submit form #080 Request for AD to request a variance 2 weeks in advance to allow time for review & notice.

This completed form must be provided a minimum of 2 working days prior to the inspection date. Approval is based upon inspector availability and variance approval if applicable.

Submittal of request does not constitute an approval to work in the right of way.  
Do not begin work until you have received a written approval by City staff.

Permit Number: \_\_\_\_\_ Site Address/Location: \_\_\_\_\_

On Site Project Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
(traffic control, pulling fiber, excavation, paving, etc.)

### Requested Date(s) & Time

Mon – Fri Date: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ Approx Start/Stop Time: \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

Saturday Date: \_\_\_/\_\_\_/\_\_\_ Approx Start/Stop Time: \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

Sunday Date: \_\_\_/\_\_\_/\_\_\_ Approx Start/Stop Time: \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

**Attach an additional sheet for dates/times if needed.**

FEES		
Type of Inspection	Fee/Hour	Estimated total # of Hours
Right-of-Way	\$252.00	
Site Development	\$252.00	

*\*\*4 hour minimum for evening, holiday or weekend work*

Comments, Notes: \_\_\_\_\_

Submitted By: \_\_\_\_\_  
Name Title & Utility Company Phone No.

Inspector: \_\_\_\_\_ CD variance approval: \_\_\_\_\_

Approved as requested? Modified Date/Time: By: Date: