

## Right-of-Way Activity Permit

DATE OF PROPOSED ACTIVITY: \_\_\_\_\_

NAME OF PROPOSED ACTIVITY: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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MAILING ADDRESS: Same as physical address (if not, please indicate below)

<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE CONTACT PERSON: NAME: \_\_\_\_\_ Ph # \_\_\_\_\_

TYPE OF ACTIVITY:

Parade  
  Run  
  Walk  
  Procession  
  March  
  Race  
 Block Party  
  Demonstration  
  Exhibition  
  Organized Rally  
 Other (specify) \_\_\_\_\_

**PLEASE ATTACH A MAP OF DESIRED ROUTE/ACTIVITY LOCATION.**

Desired route, including assembling points:

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Traffic and activity control plan:

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Are traffic/pedestrian barricades needed?  
 Yes  
 No. If YES, barricade placement locations:

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Number of Persons: \_\_\_\_\_      Vehicles: \_\_\_\_\_      Animals: \_\_\_\_\_

Proposed Time Of Activity: \_\_\_\_\_      Start Time: \_\_\_\_\_      End Time: \_\_\_\_\_



Name of Insurance company and policy number:

\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE HOLDER: City of Federal Way, 33325 8<sup>th</sup> Ave S, Federal Way, WA 98003

*PLEASE ATTACH ADDITIONAL PAGES OR MAPS IF MORE SPACE IS NEEDED*

Does applicant have previous experience with activity:     Yes     No

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**E-SIGNATURE IS NOT ACCEPTED**

*For City Use Only*

**Police Review:**

\_\_\_\_\_  
\_\_\_\_\_

Approved     Denied    By: \_\_\_\_\_    Title: \_\_\_\_\_

**Fire Review:**

\_\_\_\_\_  
\_\_\_\_\_

Approved     Denied    By: \_\_\_\_\_    Title: \_\_\_\_\_

**Public Works Review:**

\_\_\_\_\_  
\_\_\_\_\_

Approved     Denied    By: \_\_\_\_\_    Title: \_\_\_\_\_

**Federal Way Community Center:**

\_\_\_\_\_  
\_\_\_\_\_

Approved     Denied    By: \_\_\_\_\_    Title: \_\_\_\_\_