



CITY OF TUKWILA

Public Works Department

6300 Southcenter Boulevard, Suite 100, Tukwila, WA 98188

Telephone: (206) 433-0179



Type F Blanket Permit Application

(Shaded area for Office Use Only)

| BLANKET PERMIT NO.: | DESCRIPTION | AMOUNT | RECEIPT # | DATE |
|---------------------|--------------------------|-------------|-----------|------|
| | ADMINISTRATIVE FEE | \$ 250.00 | | |
| | Permit Fee Account | \$ 5,000.00 | | |
| | Total | \$ 5,250.00 | | |
| | BOND OR LETTER OF CREDIT | \$ | | |

APPLICATION MUST BE FILLED OUT COMPLETELY

MAIN CONTACT PERSON/AUTHORIZED AGENT
(person who has ultimate responsibility and authority for all applications and permits covered under this blanket permit)

| | |
|----------------------|------------|
| ORGANIZATION: | PHONE: |
| ADDRESS: | |
| CONTACT PERSON: | SIGNATURE: |

AUTHORIZED AGENTS
(those organizations or companies authorized by this blanket permit to apply for and obtain permits)

| | |
|----------------------|------------|
| ORGANIZATION: | PHONE: |
| ADDRESS: | |
| AUTHORIZED AGENT: | SIGNATURE: |
| ORGANIZATION: | PHONE: |
| ADDRESS: | |
| AUTHORIZED AGENT: | SIGNATURE: |
| ORGANIZATION: | PHONE: |
| ADDRESS: | |
| AUTHORIZED AGENT: | SIGNATURE: |

I hereby certify and acknowledge that I understand the terms and conditions under which the annual Blanket Permit is granted, and I am authorized to apply for and obtain this permit.

| | |
|-----------------|-----------------|
| SIGNATURE: | |
| PRINT NAME: | ORGANIZATION: |
| ADDRESS: | CITY/STATE/ZIP: |
| CONTACT PERSON: | PHONE NUMBER: |

| | |
|----------------------------|---------------------------|
| DATE APPLICATION RECEIVED: | DATE APPLICATION EXPIRES: |
| APPROVED BY: | DATE (expires in 1 year) |