

**Walla Walla County
Public Works Department**
990 Navion Lane
Walla Walla, WA 99362
phone (509) 524-2710

This is an agreement in which the Public Works Department grants the applicant permission for extended use of public roads under the jurisdiction of Walla Walla County. **The fee for processing this agreement is \$100. This fee is non-refundable.** Please make checks payable to Walla Walla County Department of Public Works. Processing will commence upon receipt of payment of the fee.

This form is available online at <http://co.walla-walla.wa.us> or at the Public Works Department main office.

APPLICATION FOR HAUL ROUTE AGREEMENT

Contact Name: _____ Phone: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zipcode: _____ Email Address: _____	Date Submitted: _____ Start Date: _____ End Date: _____ # of Working Days: _____
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<u>Location</u>	<u>Location</u>
Township: _____ Range: _____ Section: _____ Township: _____ Range: _____ Section: _____ Township: _____ Range: _____ Section: _____	Township: _____ Range: _____ Section: _____ Township: _____ Range: _____ Section: _____ Township: _____ Range: _____ Section: _____

Purpose of Haul Route: _____

Proposed Haul Route: _____

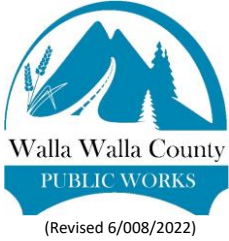
Applicant/organization indemnifies and holds harmless Walla Walla County from any suit, claim or action for injury or death or other cause of property damage arising from the issuance of this agreement. Applicant certifies the information given herein, including all submittals and attachments is true and correct to the best of his/her knowledge. Applicant understands additional conditions may be placed on this request if approved.

Include NECESSARY Items to Process Permit:

- \$100 Payment
- Certificate of Liability
- Naming Walla Walla County primary, non-contributory

Signature: _____

Printed Name: _____



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APPLICATION FOR HAUL ROUTE AGREEMENT

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Fee paid _____

Receipt #: _____

Date: _____

Route Pre Inspection Date: _____

CRView Drive Date: _____

Road Conditions Prior to Haul

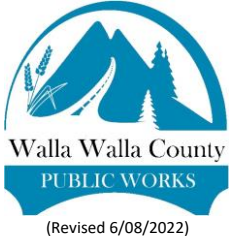
Conditions of Haul Route Agreement

Applicant Approved: _____

Date: _____

Public Works Approved: _____

Date: _____



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APPLICATION FOR HAUL ROUTE AGREEMENT

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Route Post Inspection Date: _____

Road Condition After Haul

Corrective Measures Required

Corrections Accepted: _____

Date: _____