

# Instructions for Utility Accommodation Application (Permit/Franchise)

All fields of the application form need to be filled out completely. Send this application and additional attachments via email to the appropriate Washington State Department of Transportation (WSDOT) Regional Office's dedicated email inbox ([webpage](#)) or in the [Utilities Accommodation Guide](#). A signature by the Utility is required before submittal.

## UTILITY CONTACT INFORMATION

- The Utility's name and all contact information must be included.

## LOCATION

- Visit [Locate Mileposts](#) to identify the mile post limits on the State Route.

## INSTALLATION

- Under the "Describe Installation Type" box, provide a brief description of the type and size (e.g. fiber optic count, coax size, copper pair count, conduit type and schedule, power voltage, casing type and size) of the facility and an explanation of the installation method (e.g. trenchless/ trenched) in relation to its location within the right of way.

## REQUIRED DOCUMENTATION AND PERMITTING GUIDELINES

- Exhibits and additional information must be provided in separate attachments to the application submittal email. Attachments shall include: Utility Facility Description ([UFD](#)), right of way plans, work plans, traffic control plans ([TCP Examples](#)), photos, and vicinity map. Additional submittals are required if the proposal is a variance to WSDOT Utility Accommodation Policy. See the [Utilities Accommodation Guide](#) for more details.

## BILLING INFORMATION

- Make sure the Statewide Vendor Number is included as it is required for processing the application.
- The Applicant Reference Work Order Number is for the convenience of the Utility as it connects the Utility job number, the WSDOT work order and the Franchise/Permit Number with the payment.
- The Billing Information must be consistent with the Utility Contact Information. A third party (example: contractor) cannot submit payments on behalf of a Utility.
- The billing address must be consistent with the address that is associated with the Statewide Vendor Number.

## UTILITY AUTHORIZED SIGNATORY

- Authorized Signature must be by the beneficial owner of the Utility. A signature is required before submitting your application to the appropriate WSDOT Regional Office's dedicated email inbox ([webpage](#)).

## SUPPLEMENTAL CONTACT INFORMATION OF AUTHORIZED AGENT IF NOT THE UTILITY

- List the contact information for the person processing the application if a consultant, or other approved entity, is authorized to apply on behalf of the Utility
- Note: The Utility Contact listed on the application is to be included in the email correspondence with an authorized agent.
- Required only if applicable



# Utility Accommodation Application (Permit or Franchise)

Utility Contact Information (Applicant)			
Utility Company		Utility Contact Name	
Email		Phone (Office/Cell/Voicemail)	
Location <a href="#">(Locate Mileposts)</a>			
State Route	Milepost Begin	Milepost End	County
Installation			Submit the Following Documentation:
<b>Please Check One</b> Power                      Sewer Water                      Telecommunication Gas Other _____		<b>Please Check All That Apply</b> Buried Aerial Surface Feature (Pole, ped, vault) Attached to a bridge/structure	Utility Facility Description ( <a href="#">UFD</a> ) Plan Sheets For additional documents applicable to your work, see the <a href="#">Utilities Accommodation Guide</a> .
Describe Installation Type (Briefly explain)			
Anticipated Construction Start Date:		Project Duration:	
Billing Information*			
Contact Name			
Street			
City		State	Zip + 4
Phone (Office/Cell/Voicemail)		Email	
Statewide Vendor Number		Applicant Reference Work Order <i>(optional)</i>	
Utility Authorized Signatory			
Signature	Printed Name & Title/Owner		Date
<p>The Authorized Signature indicates the <a href="#">General Provisions</a>, as provided, have been read and are agreed to by the Utility. The Utility understands, based on the proposed installation, applicable special provisions will be provided at issuance of your Permit or Franchise.</p> <p>* WSDOT has the authority to invoice the Utility for all work associated with the review, processing and inspection of the proposed installation. The applicant promises to pay any additional costs, in addition to the fees, incurred by WSDOT in accordance with <a href="#">WAC 468-34</a> and <a href="#">RCW 47.44</a>.</p>			
Supplemental Contact Information of Authorized Agent if NOT the Utility			
Company Name		Contact Name	
Email		Phone (Office/Cell/Voicemail)	