

NOTIFICATION OF MAINTENANCE OPERATIONS

WITHIN STATE RIGHT OF WAY

Written Confirmation of Compliance

Send To the Following WSDOT Staff Three (3) Working Days Prior to Start of Construction

Utilities Project Delivery Engineer: Dennis Noyes, 360-905-2298 (desk), 360-904-3210 (cell), noyesd@wsdot.wa.gov

Utilities Inspector: Melissa Griswold, 360-905-2181 (Desk), 360-787-3306 (cell), griswom@wsdot.wa.gov

Date: _____

To: Dennis Noyes and Melissa Griswold
Southwest Region Utilities

UTILITY:	
Contact:	Address:
Phone:	E-mail:

UTILITY'S CONTRACTOR:	
Contact:	Address:
Phone:	E-mail:
Field Contact:	Cell #:

TRAFFIC CONTROL COMPANY:	
Contact:	Address:
Phone:	E-mail:
Field Contact/TCS:	Cell #:

Full description of work to be done in State Right of Way: _____

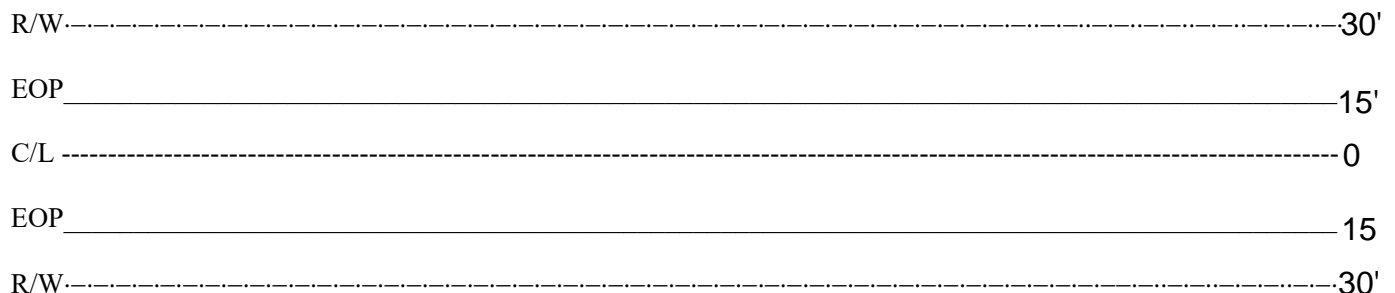
When (Dates and Working Hours):		
Where: SR _____	Begin MP (find on www.snagmp.com) _____	End MP (find on www.snagmp.com) _____

Existing Permit/Franchise Number: _____

Utility work crew shall have this Notification of Maintenance and any applicable utility permit or franchise provisions on site when doing work and shall call WSDOT'S Southwest Region Traffic Management Center (TMC) at 360-759-1300 before and after any lane closures on state routes.

WSDOT Engineer: _____
Date: _____

Please sketch the worksite with as many details as possible below or attach plans



Note: R/W = State Right of Way, EOP = Edge of Pavement, C/L = Centerline of State Route