



(CAT 4 INSTALLATION IS NOT ALLOWED IN LIMITED ACCESS CONTROLLED AREAS, WAC 468-34-110 (53)(d))

- Longitudinal installation cannot exceed 26 feet in length.
- CAT 4 must originate from an existing active franchise or permit and within an area defined as Category 3.

Active Franchise/Permit No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

UTILITY Information	
Company	Utility Contact
Phone	Email
Contractor Contact	Email
Phone	Cell Phone

**Location:** State Route: \_\_\_\_\_ Milepost: \_\_\_\_\_ \*Right or Left: \_\_\_\_\_  
 (\*Determined by facing the increasing milepost direction)

**Proposed Construction Date:** \_\_\_\_\_

**Proposed Construction**                      Aerial      Buried

If Aerial, provide pole owner and pole number

Power Aerial                      Size: \_\_\_\_\_ (15 kv or less)  
**POLE OWNER:** \_\_\_\_\_ **POLE NUMBER:** \_\_\_\_\_

Telephone Aerial (copper)                      Size: \_\_\_\_\_ (25 pair or less)  
**POLE OWNER:** \_\_\_\_\_ **POLE NUMBER:** \_\_\_\_\_

Coaxial Aerial                      Size: \_\_\_\_\_ (1" or less)  
**POLE OWNER:** \_\_\_\_\_ **POLE NUMBER:** \_\_\_\_\_

Fiber Optic Aerial                      Size: \_\_\_\_\_ (provide number of fiber)  
**POLE OWNER:** \_\_\_\_\_ **POLE NUMBER:** \_\_\_\_\_

Power Buried                      Size: \_\_\_\_\_ (15 kv or less)

Telephone Buried (copper)                      Size: \_\_\_\_\_ (25 pair or less)

Coaxial Buried                      Size: \_\_\_\_\_ (1" or less)

Fiber Optic Buried                      Size: \_\_\_\_\_ (4" casing or less)

Gas                      Size: \_\_\_\_\_ (1-1/4" I.D. or less)

Gravity Sewer                      Size: \_\_\_\_\_ (4" I.D. or less)

Forced Sewer                      Size: \_\_\_\_\_ (2" I.D. or less)

Water                      Size: \_\_\_\_\_ (1½" I.D. or less)

A CAT 4 installation DOES NOT allow open (asphalt) cutting of the highway or paved shoulders. **Ownership and responsibility of authorized side services within WSDOT right of way belong to the Utility.** Meters or other controls shall be located off WSDOT right of way. **This installation must conform to the Utilities Accommodation Policy (M 22-86) requirements.**

\_\_\_\_\_  
 UTILITY Authorized Signature                      Date                      WSDOT Authorized Signature                      Date

\_\_\_\_\_  
 Printed Name                      Printed Name

This FORM and a Traffic Control Plan, if applicable, is to be EMAILED to the Region Utility Office, with the name and contact information of the Utility's Contractor (if not using Utility personnel) no less than \_\_\_\_\_ Working Days\* prior to commencing work (\_\_\_\_\_ Working Days\* if a TCP is not required). No work may begin within the WSDOT right of way until the Utility receives this form with the WSDOT Authorized Signature, approved traffic control plans and allowable hours for work.

\*Working Days are Monday through Friday, excluding Washington State holidays as defined per RCW 1.16.050.

**Provide a plan of the work area and any traffic plans on a separate sheet (add offset, depth...etc.)**