



All fields of the application form needs to be filled out completely. Send this application and additional attachments via email to the appropriate WSDOT Region Offices dedicated email inbox ([Link](#)) with the Washington State Department of Transportation (WSDOT). Signature is required before submittal.

UTILITY CONTACT INFORMATION

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

LOCATION

- Visit www.snagmp.com to locate the mile post limits on the State Route.

INSTALLATION

- Under the "Describe Installation Type" box, provide a brief description of the type and size (i.e. 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 (i.e. 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. See Submitting a Utility Accommodation [Webpage](#) for more details. If the proposal is a variance to WSDOT Utility Accommodation Policy (Utility Manual, [120.14](#)), please contact the Region Utilities Accommodation Engineer ([Map](#)) for early coordination.

BILLING INFORMATION

- Make sure the Federal Tax ID number is included. It is required for processing the Permit/Franchise.
- The Applicant Reference Work Order Number is for the convenience of the Utility, connecting the Utility job number, the WSDOT work order and the Franchise/Permit Number with the payment.
- The billing address must be consistent with the address that is associated with the Tax ID number.

UTILITY AUTHORIZED SIGNATORY

- Authorized Signature must be by the Owner/Operator of the Utility. Signature is required before submitting your application to the appropriate WSDOT Region Offices dedicated email inbox ([Link](#))

SUPPLEMENTAL CONTACT INFORMATION OF AUTHORIZED AGENT IF NOT THE UTILITY

- In cases where a consultant or other approved entity is authorized to apply on behalf of the Utility, ensure that contact information for the person processing the application is filled in this section.
- 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 | | | |
|---|----------------|--|--|
| Utility Company | | Utility Contact Name | |
| Email | | Phone (Office/Cell/Voicemail) | |
| Location (www.snagmp.com) | | | |
| State Route | Milepost Begin | Milepost End | County |
| Installation | | | Submit the Following Documentation: |
| Please Check One Power Sewer Water Telecommunication Gas Other _____ | | Please Check All That Apply Buried Aerial Surface Feature (Pole, ped, vault) Attached to a bridge/structure | Utility Facility Description (UFD) Plan Sheets For Additional Documents Applicable to your work, see Submitting a Utility Accommodation Application Webpage (Link) |
| 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 | |
| Federal Tax ID | | Applicant Reference Work Order (<i>optional</i>) | |
| Utility Authorized Signatory | | | |
| Signature | | Printed Name & Title/Owner | Date |
| <p>The Authorized Signature indicates the General Provisions, 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 WAC 468-34 and RCW 47.44.</p> | | | |
| Supplemental Contact Information of Authorized Agent if NOT the Utility | | | |
| Company Name | | Contact Name | |
| Email | | Phone (Office/Cell/Voicemail) | |