



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 Email: cdd@ci.tumwater.wa.us
 (360) 754-4180

**RIGHT-OF-WAY ACCESS
 UTILITY PERMIT
 Application**

TUM -	DATE STAMP
RCVD BY	

TWO COMPLETE SUBMITTALS ARE REQUIRED

THE UNDERSIGNED HEREBY APPLIES FOR PERMISSION TO EXCAVATE, CONSTRUCT AND/OR OTHERWISE ENCROACH ON CITY RIGHT-OF-WAY, AS DESCRIBED BELOW, AND AGREES TO DO THE WORK IN ACCORDANCE WITH ALL LAWS, ORDINANCES, AND CITY STANDARDS AND IS SUBJECT TO INSPECTION AND APPROVAL OF THE CITY OF TUMWATER, PUBLIC WORKS DEPARTMENT

PROJECT LOCATION: _____

PERMIT IS TO BE MAILED TO (CHOOSE ONE): APPLICANT REPRESENTATIVE CONTRACTOR

APPLICANT (please print neatly)

NAME OF APPLICANT: _____

APPLICANT'S MAILING ADDRESS (COMPLETE): _____

APPLICANT'S TELEPHONE(S): _____ APPLICANT'S E-MAIL: _____

PROJECT REPRESENTATIVE

NAME OF PROJECT REPRESENTATIVE: _____

REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): _____

REPRESENTATIVE'S TELEPHONE(S): _____ REPRESENTATIVE'S E-MAIL: _____

CONTRACTOR

NAME OF CONTRACTOR: _____

STATE CONTRACTOR LICENSE: _____ EXPIRES: _____ CITY BUSINESS LICENSE #: _____

CONTRACTOR'S MAILING ADDRESS (COMPLETE): _____

CONTRACTOR'S TELEPHONE(S): _____ CONTRACTOR'S E-MAIL: _____

UTILITY TYPE: CABLE TV ELECTRIC NATURAL GAS TELECOMMUNICATION TELEPHONE

INSTALLATION TYPE: ABOVE COMBINATION SINGLE SERVICE UNDERGROUND

OF LINEAR FEET: OVERHEAD: _____ UNDERGROUND: _____

PROJECT DESCRIPTION (attach additional sheets and documentation, as needed) **PROJECT #:** _____

APPROVED PERMIT MUST BE AVAILABLE AT JOB SITE. PERMIT WILL EXPIRE 180 DAYS FROM DATE OF ISSUANCE.
 CALL TWO WORKING DAYS BEFORE YOU DIG / UTILITIES UNDERGROUND LOCATION CENTER: CALL 8-1-1

Signature of Applicant/Representative

Date

PERMIT APPROVED BY: _____

PERMIT FEE TOTAL: \$ _____