Transmission Distribution Service Facility Size/Capacity: (diameter, # fibers, psi, Kv, etc.) ORIENTATION: Overhead Underground Parallel to hwy centerline Hwy crossing Bridge attachment Tunnel WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/towers Open cut hwy Cased Tree cutting/removal Chemical treatment of trees/brush Erosion Control Designation: Major Minor Provide additional narrative if needed: NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION:	Town of Rose	LOCATION INFOR	MATION	
Applicant/Company: Address: Stoffine Phone: Local Phone & Pager: Plans Prepared By: Preparer's Phone: Description of PROPOSED WORK (Check and fill out all that apply) JTILITY TYPE: Electric Gas/pertoleum Communications Water Face Required? JTransmission Distribution Service Facility Size/Capacity: (diameter, # fibers, psi, Kv, etc.) Private line Transmission Distribution Service Facility Size/Capacity: (diameter, # fibers, psi, Kv, etc.) Bridge attachment Trunnel WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place CONSTRUCTION METHOU(S): Plow Trench Bore Suspend on poles/nowers Open cut hwy Cased Tree cutting/removal Chemical treatment of trees/brush Erosion Control Designation: Major Innor Hinor Hinor Provide additional narrative if needed: NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION: Estimated Starting Date: Estimated Starting Date: Estimated Starting Date: Estimated Starting Date: Estimated Applicant Understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Util Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed belic or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof. By (Signature of Applicant/Company Authorized Representative) FERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Altached: Yes No (Authorized Representative for 7aw/2) Title) (Date) FEE RECEIVED: \$ CHECK NUMBER: DATE ISSUED: HWY PROJECT #: DATE ISSUED: HWY PROJECT #: HWY PROJECT #: HYPROJECT #: HYPROJECT #: ADDITIONAL INCORMATION Annual Service Connection Permits No Amount \$ ADDITI	APPLICATION/PERMIT to CONSTRUCT, OPERATE,			
Address: X of the X Sec T N R E	RIGHT-OF-WAY			
Office Phone: Cocid Phone & Pager:	Applicant/Company:	-		
Closel Phone & Pager:	Address:	% of the Sec T N R E		
Plans Prepared By: Preparer's Phone: DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply) DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply) JTILITY TYPE: Electric Gas/petroleum Communications Water Sanitary sewer Private line Transmission Distribution Service Facility Size/Capacity: (diameter, # fibers, psi, Kv, etc.) ORIENTATION: Overhead Underground Parallel to hwy centerline twy crossing Bridge attachment Trunnel WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/lowers Open cut hwy Cased Provide additional narrative if needed: If ree cutting/removal Chemical treatment of trees/brush Erosion Control Designation: MAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION: Estimated Starting Date: Estimated Starting Date: Estimated Starting Date: Estimated Completion/Restoration Date: The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Util Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof. By: (Signature of Applicant/Company Authorized Representative) (Title) (Do NOT WRITE BELOW THIS LINE PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Application included in 96.03 of the WCHA Utility Accommodation Policy of the above-named county including the Indemnification included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Attached: Yes No CHECK NUMBER: DATE ISSUED: HWY PROJECT #: LICHARD ARMON AMONT REPRIESENTATIVE PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued	Office Phone:	ADDITIONAL INFO	RMATION	
Preparer's Phone: Fee Required? Yes lo Amount S	Local Phone & Pager:	Annual Service Connection Permit	Yes No	
DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply) JTILITY TYPE:	Plans Prepared By:	Utility Work Order#		
TILITY TYPE: Electric Gas/petroleum Communications Water Sanitary sewer Private line Transmission Distribution Service Facility Size/Capacity: (diameter, # fibers, psi, Kv, etc.) ORIENTATION: Overhead Underground Parallel to hwy centerline My crossing Rridge attachment Trunnel WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/towers Open cut hwy Cased Tree cutting/removal Chemical treatment of trees/brush Erosion Control Designation: Major Minor Provide additional narrative if needed: NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION: Estimated Starting Date: Estimated Completion/Restoration Date: The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utilit Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof. By: (Signature of Applicant/Company Authorized Representative) (Title) (Date) ONOT WRITE BELOW THIS LINE PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant/Company application is thereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant/Company application is thereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant/Company application is thereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant/Company application is the Intellity Accommodation Policy of the above-named county including the Indemnification included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Attached: Yes No (Authori	Preparer's Phone:	Fee Required? Yes No Amount \$		
(Signature of Applicant/Company Authorized Representative) (Typed/Printed Name of Person Signing Above or Electronic Signature Code) DO NOT WRITE BELOW THIS LINE PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Application and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Attached: Yes No FEE RECEIVED: \$ CHECK NUMBER: DATE ISSUED: HWY PROJECT #:	UTILITY TYPE: Electric Gas/petroleum Communication Distribution Service For Construction Underground Parallel to hwy WORK TYPE: New construction Improve/repair existing Construction Method(s): Plow Trench Bore Tree cutting/removal Chemical treatment of trees/brush Provide additional narrative if needed: NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION: Estimated Starting Date: Estimated Construction Estimated Construction Cons	cations Water Sanitary several Maintenance Removal Abandor Suspend on poles/towers Open completion/Restoration Date: all comply with all permit provisions arme of this application, and with any special distributions.	bers, psi, Kv, etc.) attachment Funnel in in place ut hwy Cased Major Minor	
(Typed/Printed Name of Person Signing Above or Electronic Signature Code) DO NOT WRITE BELOW THIS LINE PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applica with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Attached: Yes No FEE RECEIVED: \$ CHECK NUMBER: DATE ISSUED: HWY PROJECT #:		(Title)	(Date)	
PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Application with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Attached: Yes No FEE RECEIVED: \$ CHECK NUMBER: DATE ISSUED: HWY PROJECT #:		14 H. S. J. A. J. M. Describella Telephone Number		
PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Application with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Attached: Yes No FEE RECEIVED: \$ CHECK NUMBER: DATE ISSUED: HWY PROJECT #:			e releptione Number)	
(Authorized Representative for 70 w 1) (Title) CHECK NUMBER: DATE ISSUED: HWY PROJECT #:	PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by with all provisions and conditions stated in the Utility Accommodation included in 96.03 of the WCHA Utility Accommodation Policy in effective control of the WCHA Utility Accommodation Policy in effectiv	the Permitting Authority subject to full of Policy of the above-named county inclu	ompliance by the Applica ding the Indemnification a	
(Authorized Representative for 70 w 1) DATE ISSUED: (Title) (Date) HWY PROJECT #:		FEE RECEIVED:	\$	
(Title) (Date) HWY PROJECT #:	Ву:	CHECK NUMBER	t:	
	(Authorized Representative for Town)	DATE ISSUED:		
Date Revised: 1/5/01 clm PERMIT NUMBER:	(Title) (Date)	HWY PROJECT #	HWY PROJECT #:	
	Date Revised: 1/5/01 clm	PERMIT NUMBER	PERMIT NUMBER:	