



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