

Application for Access Connection

For Department Use Only

Preapplication Conceptual View? Yes N/A

Nonconforming Connection? Yes No Variance

<p>Category I - Minimum Connection</p> <p><input type="checkbox"/> Field (Agricultural), Forest Lands, Utility Operation and Maintenance (\$50)</p> <p><input type="checkbox"/> Each Residential Dwelling unit (up to 10 units) utilizing a single connection point (\$50 each)</p> <p><input type="checkbox"/> Other, with 100 AWDVTE or less (\$500)</p> <p><input type="checkbox"/> Fee per additional connection point (\$50)</p>	<p>Category II - Minor Connection</p> <p><input type="checkbox"/> Less than 1,000 AWDVTE (\$1,000)</p> <p><input type="checkbox"/> 1,000 to 1,500 AWDVTE (\$1,500)</p> <p><input type="checkbox"/> Fee per additional connection point (\$250)</p>
<p>Category III - Major Connection</p> <p><input type="checkbox"/> 1,500 to 2,500 AWDVTE (\$2,500)</p> <p><input type="checkbox"/> Over 2,500 AWDVTE (\$4,000)</p> <p><input type="checkbox"/> Fee per additional connection point (\$1,000)</p>	<p>Category IV - Temporary Connection</p> <p><input type="checkbox"/> Base Fee per connection (\$100)</p>
<p><input type="checkbox"/> Includes Median Opening</p>	
<p>Proposed Use</p>	

State Highway Number	Mile Post	County
_____ 1/4 of the _____ 1/4	Section _____	Township _____ Range _____ E/W

Fees in the amount of \$ _____ are paid herewith to defray the basic administrative expense incident to the processing of this application according to WAC 468-51, RCW Chapter 47.50, and/or RCW Chapter 47.32, and amendments thereto. The applicant further promises to pay additional amounts as shall be billed, if any, in reimbursement of the actual costs of the Department.

The undersigned submits said application and accepts the conditions as set forth.

Applicant, Owner (Print Full Name)		
Address		
City	State	Zip Code
Telephone Number		
Applicant Authorized Signature		
Print or Type Name		
Title		
Federal Tax ID No. or Soc. Sec. No. (Optional)		
Dated this _____ day of _____, _____		

Checks or Money Orders are to be made payable to "Washington State Department of Transportation"

For Consultant Use Only		
Consulting Firm		
Address		
City	State	Zip Code
Telephone Number		
Consultant's Representative		
Print or Type Name		
Title		

DOT Form 224-694 EF
Revised 7/99

