



**Permit Center**

Location: 400 W. Gowe  
 Mail to: 220 4th Avenue S. • Kent, WA 98032  
 253-856-5300 FAX: 253-856-6412  
 KentWA.gov/permitcenter

Rtg. Type <b>REUP</b>	Tracking Number
Project Name	
Date Submitted	
Projected Review Date	
Application received by	

# Franchise Utility Application for Street Use/Street Cut

*Please Print in Black Ink Only*

Project Address or Location: \_\_\_\_\_

Utility Company's Job Number: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

Utility Company		
Company Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone(s):	Cell:	
Email:		

Contractor		
Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone(s):	Cell:	
Email:		

Street Cut / Disturbance in Right of Way	
<input type="checkbox"/> 2' x 2' pothole/window (per detail 6-69)	
<input type="checkbox"/> Pavement cut	Size: _____
<input type="checkbox"/> Trench across roadway	Length: _____
<input type="checkbox"/> Trench along shoulder	Length: _____
<input type="checkbox"/> Sidewalk cut	
<input type="checkbox"/> No Cut/Disturbance in right of way	
<input type="checkbox"/> Soil Disturbance	
<input type="checkbox"/> Gravel Disturbance	
<input type="checkbox"/> Other (please describe below):	_____

Traffic Impact	
<input type="checkbox"/> Road Closure/Detour	<input type="checkbox"/> Flagger Control
<input type="checkbox"/> Multi-Lane Closure	<input type="checkbox"/> Sidewalk Closure/ Pedestrian Detour
<input type="checkbox"/> Lane Closure	<input type="checkbox"/> No Traffic Impacts
<input type="checkbox"/> Lane Shift	<input type="checkbox"/> Spotter
<input type="checkbox"/> School Zone	
<input type="checkbox"/> Shoulder Closure	
<input type="checkbox"/> Other (please describe below):	_____

OFFICIAL USE ONLY	
<input type="checkbox"/> Arterial	<input type="checkbox"/> Non-Arterial
<input type="checkbox"/> Work Hours	<input type="checkbox"/> Advance Notification
<input type="checkbox"/> Daylight hours	<input type="checkbox"/> Road Users
<input type="checkbox"/> 9 a.m.–3 p.m.	<input type="checkbox"/> Residential / Businesses
<input type="checkbox"/> Night Work	
<input type="checkbox"/> Weekend Work	<input type="checkbox"/> Restoration
<input type="checkbox"/> Other _____	<input type="checkbox"/> Pedestrian Ramp
	<input type="checkbox"/> Roadway
	<input type="checkbox"/> Sidewalk
	<input type="checkbox"/> Shoulder

<b>Approximate Project Start Date:</b> _____
<b>Duration of work:</b>
<input type="checkbox"/> Long Term Stationary: More than 3 days
<input type="checkbox"/> Intermediate-term Stationary: More than one daylight period up to 3 days, or night work over 1 hour
<input type="checkbox"/> Short-term Stationary: More than 1 hour within a single daylight period
<input type="checkbox"/> Short Duration: Up to 1 hour
<input type="checkbox"/> Mobile: Work that moves intermittently or continuously

*I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I am either the owner of the property described or I represent the owner or contractor as signified above and am acting with the owner/contractor's full knowledge and consent.*

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Instructions and Checklist for Franchise Utility Applications

THE CITY OF KENT REQUIRES THE FOLLOWING INFORMATION IN ORDER TO ACCEPT A UTILITY APPLICATION FOR REVIEW:

**Completed Application Form**

**Traffic Control Plan (Three (3) Copies)**

The Traffic Control Plan (TCP) showing how traffic and pedestrians will move safely through the construction area per the most current version of part 6 of the Manual on Uniform Traffic Control Devices (MUTCD).

You may also use the Checklist for Completeness of a Traffic Control Plan, available at [KentWA.gov/permitcenter](http://KentWA.gov/permitcenter).

**Engineering Plans (Three (3) Copies)**

Show what work will be done or what facilities will be installed in the right-of-way.