



**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

Type	Tracking Number
Date Submitted	
Application Received by	

**Franchise Utility Application for No Cut in Right-of-Way**  
*(Non invasive work and operation in the public right-of-way)*

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:		
Contractor License Number:		

Number of Work Zone Locations: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

Nearest Address or Cross Streets of Work Zone	Estimated Work Hours
1.	
2.	
3.	
4.	
5.	

**Traffic Control Supervisor Name:** \_\_\_\_\_

**Issued By:** \_\_\_\_\_ (Attach more if necessary)

**License #:** \_\_\_\_\_

American Traffic Association (ATSSA)

Evergreen Safety Council (ESC)

Northwest Laborers-Employee Training Trust Fund (NWLETT)

**Expiration Date:** \_\_\_\_\_

*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 No Cut in Right-of-Way

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

- Completed Application Form**
- Completed Checklist for Completeness of Traffic Control Plan (TCP) Signed & Dated by the Traffic Control Supervisor**
- Traffic Control Plan: 1 Copy for Each Work Zone Location**

The Traffic Control Plan (TCP) showing how traffic will move safely through the construction area per Kent Design and Construction Standards.

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

- Plan must show a simple list of traffic impacts such as:
  - Plan must clearly show name, license # and license expiration date of Traffic Control Supervisor who prepared and/or approved the plan.
  - Plans must not include a disclaimer of liability.
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- List of Work Zone Locations (i.e. Streets and Cross Streets)**