



DIG PERMIT APPLICATION

All information in this box MUST be completed by Applicant

Applicant Name: _____ Title: _____
 Application Date: _____ Email Address: _____
 Telephone Number: _____ Mobile Number: _____
 Agency/Company: _____
 Agency/Company Address: _____
 Date Project is expected to start: _____
 Location of work to be performed (Address or intersection): _____

 Reason for dig / Scope of work: _____

Dig Request Requirements Attached Diagram: Area marked in white paint:

811 Permit Number (Required): _____ 811 Submit Date: _____
 Applicant Signature: _____ Date: _____

Property Manager Review

Print Name: _____ Work Order: _____
 Signature: _____ Date: _____

DES lead assigned to locate

Print Name: _____
 Date(s) Locate Scheduled : _____

Locate State Owned: Electrical, Domestic Water, Fire System, Irrigation, Storm, Sanitation, Steam Tunnel, Chilled Water, Communication lines, data (Fiber & Copper)

Locate completed by (Print name): _____
 Signature: _____ Date: _____
 Locate completed by (Print name): _____
 Signature: _____ Date: _____

Completed & Approved by DES Locate Lead

Dig Permit Application Completed: _____ Dig Permit Approval Communicated to Customer: _____
 Signature: _____ Date: _____

- Applicant shall be fully responsible for the location and protection of all existing utilities and shall verify all utility locations prior to construction.
- Application will be received by Department of Enterprise Services **FIVE** working days prior to dig.
- Dig permit **may be returned** if not accompanied by a site diagram and work area marked in white.
- **DO NOT BEGIN UNTIL YOU HAVE RECEIVED THIS COMPLETED AND SIGNED FORM BACK.**
- Application form can be emailed to brent.chapman@des.wa.gov.
- Any questions, contact Brent Chapman at 360-972-0753 OR Work Management Center at (360) 725-0000.