



## DIG PERMIT APPLICATION

<u>To be completed by Applicant:</u>	
Application Date: ____/____/____	Work Order Number: _____
Applicant Name: _____	Title: _____
Telephone Number: _____	Email Address: _____
Agency/Company: _____	Work Telephone Number: _____
Agency/Company Address: _____	
Date(s) requesting work to be performed: _____	
Location of work to be performed (nearest building & intersection): _____	
Diagram attached: _____	
Reason for dig: _____	
811 Permit Number: _____	Approval Date: ____/____/____
Applicant Signature: _____	Date: ____/____/____
<u>Property Manager Review:</u>	
Print Name: _____	
Signature: _____	Date: ____/____/____
<u>Scheduling &amp; Quality Assurance Manager Review:</u>	
Print Name: _____	
Locate Scheduled (date): ____/____/____	
<u>Electrical, Domestic Water, Fire System, Irrigation, Storm, Sanitation, Steam Tunnel, Chilled Water, Communication lines, data (Fiber &amp; Copper), Cameras Locates Completed:</u>	
Locate Team Representative (Print name): _____	
Signature: _____	Date: ____/____/____
Locate Team Representative (Print name): _____	
Signature: _____	Date: ____/____/____
<u>Scheduling &amp; Quality Assurance Manager Final Approval:</u>	
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 **THREE** working days prior to dig.
- **DO NOT BEGIN UNTIL YOU HAVE BEEN NOTIFIED FOR APPROVAL OF THIS REQUEST.**
- Application form can be emailed to [brent.chapman@des.wa.gov](mailto:brent.chapman@des.wa.gov).
- If you have any questions, contact Work Management Center at (360) 725-0000.