

## DIG PERMIT APPLICATION

To be completed by Applicant:

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Manager Review:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scheduling & Quality Assurance Manager Review:

Print Name: \_\_\_\_\_

Locate Scheduled (date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Electrical, Domestic Water, Fire System, Irrigation, Storm, Sanitation, Steam Tunnel, Chilled Water, Communication Lines, Data (Fiber & Copper), Cameras Locates Completed:

Locate Team Representative (Print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Locate Team Representative (Print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scheduling & Quality Assurance Manager Final Approval:

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 [michael.vangelder@des.wa.gov](mailto:michael.vangelder@des.wa.gov).
- If you have any questions, contact Work Management Center at (360) 725-0000.