



Fiber Installation Permit

PW-01
APPLICATION

Community Development Department

501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) permits@ci.ellensburg.wa.us

DESCRIPTION OF WORK:

- ☐ Ground Work Written Description:
- ☐ Existing Conduit
- ☐ Aerial

OFFICIAL USE ONLY:

Staff Person:	
Date Applied:	
PERMIT #:	

DESCRIPTION OF PROJECT BOUNDARIES:

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APPLICANT: ☐ Owner ☐ Contractor ☐ Other

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

CONTACT PERSON: ☐ Owner ☐ Contractor ☐ Other

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

APPLICANT BUSINESS INFORMATION:

Name:		Day Phone:	
Mailing Address:			
City Franchise Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
Contractor License No:		Expiration Date:	
Business License No:		Expiration Date:	

EXISTING CRITICAL AREAS OR BUFFERS WITHIN PROJECT BOUNDARY:

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APPLICANT CERTIFICATION:

* I certify that the information on this application and the required attachments are true and correct to the best of my knowledge.			
Signature of Applicant: Authorized Agent		Date:	
Print Name:			