



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
 Arial

OFFICIAL USE ONLY:

Staff Person:

Date Applied:

PERMIT #:

DESCRIPTION OF PROJECT BOUNDARIES:

A large, empty rectangular box intended for the applicant to draw the boundaries of their project on a map or sketch.

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: Yes No Expiration Date: _____

Contractor License No: _____ Expiration Date: _____

Business License No: _____ Expiration Date: _____

EXISTING CRITICAL AREAS OR BUFFERS WITHIN PROJECT BOUNDARY:

A large, empty rectangular box intended for the applicant to list any existing critical areas or buffers within the project boundary.

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: | | |