



APPLICATION FOR A RIGHT-OF-WAY FRANCHISE

Submit applications to:

The Clerk of the Council
King County Courthouse
516 Third Avenue, Suite 1200
Seattle, WA 98104

Or, email application to: clerk.council@kingcounty.gov

Application requirements:

1. **Completed application form.** (pages 2 - 3)
2. **Franchise Area Description.** A complete written description of the area of unincorporated King County in which the utility requests access to County road rights-of-way for its facilities. Please include the Section, Township, Range of the proposed franchise area.
3. **Map.** A map showing the proposed franchise area in unincorporated King County, in an electronic format that is GIS compatible (if available).
 - If the proposed franchise area is not fully occupied by the utility, it may submit a map indicating the location of all its facilities in the proposed franchise area, in an electronic format that is GIS compatible (if available).

THIS PORTION TO BE COMPLETED BY A REPRESENTATIVE OF THE UTILITY	
SECTION I UTILITY CONTACT INFORMATION	<p>Name of Organization:</p> <p>Primary Contact for Franchise:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone Number(s):</p> <p>Email:</p> <p>Name and Contact information for person authorized to enter and sign into an agreement with King County, if different than the Primary Contact:</p> <p>Name and Contact information for emergencies; if different than Primary Contact:</p> <p>Name and Contact information for billing information; if different than Primary Contact:</p> <p>Name and Contact information for Liability Insurance held under Utility name:</p>
SECTION II FRANCHISE INFORMATION	<p>Type of utility or activity:</p> <p><input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Telecommunication</p> <p><input type="checkbox"/> Petroleum <input type="checkbox"/> Cable TV <input type="checkbox"/> Other</p> <p>Type of facility: <input type="checkbox"/> Transmission <input type="checkbox"/> Distribution <input type="checkbox"/> Both</p> <p>Number of Connections: Residential: Other:</p> <p>Approximate number of Right-of-Way (ROW) Construction Permits per year?</p> <p>Type of request:</p> <p><input type="checkbox"/> New franchise</p> <p><input type="checkbox"/> Amendment to existing franchise Franchise number and expiration date</p> <p><input type="checkbox"/> Renewal of existing franchise Franchise number and expiration date</p> <p><input type="checkbox"/> Extension of existing franchise</p>

	<p style="text-align: center;">Franchise number and expiration date</p> <p><input type="checkbox"/> Transfer of existing franchise</p> <p style="text-align: center;">Franchise number and expiration date</p> <p>Operational questions for all Utilities:</p> <p>Does the Utility own or use above-ground facilities located within ten (10) feet of the edge of the road pavement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the Utility use any substance in the franchise area that is regulated or defined as a hazardous material?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the Utility own facilities in the franchise area that have not been used for more than six (6) months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Water and Sewer only:</p> <p>Status of Water or Sewer Plan (if current, include approval date and Ordinance number):</p> <p><input type="checkbox"/> Current</p> <p><input type="checkbox"/> Not Current</p> <p>Does the Utility provide fire suppression water facilities and service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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As a duly authorized agent of the applicant named above, I, _____, hereby request a utility franchise in accordance with King County Code Chapter 6.27 for the purposes stated and over the areas described herein.

I agree to pay the full advertising costs associated with this application, plus the franchise application fee of two thousand five hundred dollars (\$2,500.00), along with any reimbursement of actual costs, payable at the time of franchise issuance.

I affirm that I, _____ declare under penalty of perjury under the laws of the State of Washington that the foregoing is true, complete, and correct as of the date submitted.

Signature _____

Date _____ City _____

Official Use Only	<p><i>Date Received by Facilities Management Division:</i></p> <p><i>Received By:</i></p> <p><i>Acela Tracking Number:</i></p>
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