APPLICATION FOR POLE ATTACHMENT PERMIT

Licensee Information: Date: ____________________________
Licensee: _____________________________________________ Phone: ______________________________________
Contact Name: ___________________________ Email:  _________________________ Licensee Reference #: ____________

Location of Work:
Location of Work (Address): _______________________________________________________________________________

Type of Work:
Type of work: □ Attach □ Overlash □ Make-Ready Work Required (MRW)
Total number of poles: _________ Estimated Construction Time: ____________________ □ Request use of PUD 3 Anchors

Required Supplemental Information: (May use pre-approved format or PUD 3 forms.)
□ Map overview of general location;
□ Detail of cable information;
□ Detail of all existing communication Attachment heights, lowest face of neutral bracket, lowest secondary drip loop, bottom of luminary support, lowest luminary drip loop, lowest energized equipment, top of secondary or primary Riser and proposed new Attachment height (12” spacing);
□ Detail of existing mid-span heights to include neutral, secondary;
□ Pole loading analysis for primary poles (at District’s discretion, must be prepared by Professional Engineer);
□ Pole loading analysis for anchor attachment (at District’s discretion, must be prepared by Professional Engineer);
□ Detailed Plans and associated Narrative - Brief written explanation of work proposed;
□ Schedule pre-construction meeting (if requested by either party) either prior to application submittal or to be held at least 5 days prior to the end of the 45-day completeness review period from date of submittal (permit will be deemed “incomplete” if the pre-construction survey is not completed within 45-days of date of application)

Licensee Construction Complete Within 20 days of aerial installation, must submit an As-Built documentation.
As-Built submitted (date): ____________________________
□ No Change □ Changes to Original Design (If changes to original design, re-submit all application details.)

District Use: Date Received: __________

Application Completeness: □ Complete □ Incomplete (date): ____________________________

Application Approval – Permit Issuance:
□ Permit Issued No Conditions (date): ____________________________ □ Permit Issued With Conditions (date): ____________________________
Conditions: ____________________________________________

□ Conditions of Permit Lifted - Authorization to Attach (date):
□ Permit Issued - Make Ready Required (date):
□ Permit Denied – Reason: ____________________________ (date): __________
□ Permit Canceled – Reason: ____________________________ (date): __________

Post Construction - Final Permit Approval:
□ As-Built Received (date): ____________________________ Final Permit Approved (by): ____________________________ (date): ____________________________