

Instructions for Completing the Utility Permit Application Form

1. **Application Permit No.:** This is to be completed by MSHA personnel only.
2. **District No.:** This is the district (1 thru 7) in which the work will be performed.
3. **Date:** The date that the application is submitted. This blank is to be completed by MSHA personnel only.

SECTION I – TYPE OF PERMIT REQUEST

4. **Type of Permit Request:** Check the box adjacent to the type of permit, construction, relocation or blanket permit extension that is being requested in the permit application. (Check one box only)
5. **MSHA Project Number:** If the permit requested is to relocate utility facilities associated with an MSHA project identify the MSHA project number.
6. **Permit Number to be Extended:** If applying for an extension of a utility construction or relocation permit, identify the permit number to be extended.
7. **Remarks / Reason for need of extension:** Explain why an extension is required. Identify any special circumstances related to the permit.

SECTION II – UTILITY INFORMATION

8. **Name:** The complete name of the utility company.
9. **Project Contact (Name):** Name of on-site contact person in charge of the project.
- 10-13 **Address:** The complete address of the utility company. The address should be of the “home office” or the “regional office” which will oversee the permit work.
14. **Title:** Title of the on-site contact person that will be in charge of the permit work.
15. **Email:** The email address of the utility company should be the email address of the “home office” or the “regional office” which will oversee the permit work,
16. **Office No.:** The telephone number of the utility company’s “home office” or the “regional office” which will oversee the permit work.
17. **Mobile No.:** The cell phone number of the person who will oversee the work.
18. **Fax No.:** The fax number of the utility company’s “home office” or the “regional office” which will oversee the permit work.

SECTION III – LOCATION & DESCRIPTION OF FACILITIES UNDER PERMIT

A. Location of Work

19. **MSHA Route No.:** The number of the state route on which the permit work will be performed.
20. **Also known as (street name):** If applicable, the name of the street(s) on which the permit work will be performed.
21. **From:** Location of the start of work. Shall be identified as a distance and direction from a cross street.
22. **To:** Location of end of work. Shall be identified as a distance and direction from a cross street.

Example of 17-20: MSHA Route #: MD 175 Also known as (street name): Annapolis Road
From: 200 ft South of 2nd Street To: 150 ft North of Neff Drive

23. **County:** The county in which the permit work will be performed.
24. **Utility Company’s Reference # or Job ID #:** The project/job number or identification reference used by the utility company to identify the proposed work.

B. Description of Proposed Utility Work

25. **Description of Proposed Utility Work:** Identify the type of work that will be performed under the permit (Check all that apply). For utility infrastructure maintenance permit applications check "Routine Maintenance & Repair of Existing Utilities" only.
26. **Other (Specify):** Identify any other type of installations. Example: Towers (identify size).
27. **Description of proposed work:** Provide a complete description of the proposed facility including all future uses.
28. **No Pavement Cuts/Pavement Cuts/Trenchless installation:** Check appropriate box and if Trenchless Installation is checked, specify which method is to be used. Example: Directional bore
29. **Anticipated Start Date:** Identify the date that work will begin.
30. **Duration of Work:** Identify the number of calendar days that will be required to complete the work.

SECTION IV – TRAFFIC CONTROL INFORMATION

31. **Posted Speed Limit:** State the posted speed for the road on or near where the proposed work will be located.
32. Indicate which type of roadway traffic control plan is required. (Check one box only)
33. Traffic Control Permits are required for all work performed on MSHA rights-of-ways. Fill in the date the request was submitted to MSHA.
34. Indicate if sidewalk closure is required for the proposed work. If yes, must include plan for rerouting pedestrian traffic with the application. Specific information on pedestrian traffic control if applicable.
35. **Name:** Name of the SHA certified Traffic Control Manager for the project.
36. **Fax No.:** Fax number of the on-site Traffic Control Manager that will be in charge of the permit work.
37. **Contact Phone No.:** Telephone number of the Traffic Control Manager.
38. **Email No.:** The email address of the Traffic Control Manager should be the email address of the "home office" or the "regional office" of the Traffic Control Manager which will oversee the permit work.

SECTION V – QUESTIONS

For Utility Construction and Relocation Permit Applications – All questions must be answered.

39. – 44. Specific information on aerial facilities installed or relocated in SHA right-of-way.
45. – 46. Specific information on underground facilities installed or relocated in SHA right-of-way.
47. – 48. Specific sidewalk excavation/restoration information if applicable.

SECTION VI – CERTIFICATION

49. **Print Name:** Print the name of the authorized company official who will sign the certification.
50. **Signature:** Signature of the authorized company official.
51. **Date:** Date of signature.
52. **Telephone No.:** Telephone number of the authorized company official that signs the application.
53. **Email:** The email address of the authorized company official should be the email address of the "home office" or the "regional office" which will oversee the permit work.