

CLASS B NOTIFICATION & COMPLETION FORM

Notification:

Fill-in information in double-lined boxes

ESTIMATED WORKING PERIOD	
Start Date	_____
Complete Date	_____
Revised Start	_____
Revised Complete	_____

Pierce County

Department of Public Works and Utilities
Transportation Services
Utility Permit Office



Mailing Address

2702 South 42nd St - Suite 201
Tacoma WA 98409-7322

Physical Address

2401 South 35th Street - Room 150
Tacoma Washington 98409-7485

(253) 798-4824 Phone

(253) 798-4903 Fax

Completion:

Fill in information under "Completion"

FOR COUNTY USE ONLY	
Notification Rec'd	_____
Completion Rec'd	_____
Internal Number	_____
Area Inspector	_____

Form must be in permit Office before 3:00 p.m. the prior business day before starting any of the work described herein.

UTILITY INFORMATION	Utility Name _____	W.O./J.O. _____
Contact Person _____	Phone #(_____) _____	Fax #(_____) _____
Form Submitted by _____	Signature _____	Date _____
The above signed certifies that all information submitted on this form is true and correct; that the above named utility is currently certified as a "Utility in Good Standing", franchised to work at the work location described herein, and properly bonded to work in Pierce County right-of-way; and that the work conditions described herein will be met.		
WORK DESCRIPTION	Estimated Pavement Cut: _____	Length _____ ft; Width _____ ft
WORK LOCATION	Address, or Street & Avenue of right-of-way _____	Section _____ Township _____ Range _____
WORK CONDITIONS The following work conditions shall be forwarded unless otherwise approved by the Engineer:		
<ol style="list-style-type: none"> Completed according to all provisions in the <i>Manual on Accommodating Utilities in Pierce County Right-of-Way</i>. Performed only in Pierce County Right-of-Way; and all restoration work shall be guaranteed for one year. Related in no way to the construction or maintenance of any Pierce County road project. Started on or after the indicated start date and completed on or before the indicated completion date. Notify permit office of any change in estimated working period dates. Inspector shall be notified as soon as possible if there are any problems complying with conditions. Contact Traffic Signal Office at (253) 531-6990 if digging within 500 ft of traffic signal. 		

COMPLETION

Complete this section and resubmit this form within 3 days after all work has been accomplished.

Name _____ Signature _____ Date _____
 Title _____ Phone #(_____) _____ Fax #(_____) _____

The above signed certifies that the work conditions described herein were met.

INSPECTOR'S COMMENTS
Inspected by _____ Date _____