



Facilities Management Division
 King County Administration Building
 500 4th Ave., Room 820
 Seattle, WA 98104
206-477-9350

APPLICATION FOR A RIGHT-OF-WAY FRANCHISE

Submit applications to the Clerk of the Council at the King County Courthouse, 516 Third Avenue, Room 1200, Seattle, WA 98104 or clerk.council@kingcounty.gov.

Application requirements:

1. Completed application form. (page 2)
2. Area Description. A complete and accurate description of the area of unincorporated King County in which the Utility requests access to County road rights-of-way for its facilities. A map is not sufficient without an accompanying description.
3. GIS Map. A map showing the proposed franchise area, in an electronic format that is GIS compatible, if available. Optional: A map specifying the facility location under, over, or across the county road right-of-way.

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, agree to pay all required fees and charges prior to the issuance of any franchise, and I certify that I am authorized by the applicant to do so.

Signature _____

Date _____



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THIS PORTION TO BE COMPLETED BY A REPRESENTATIVE OF THE UTILITY	
SECTION I UTILITY CONTACT INFORMATION	Name of Organization: _____ Primary Contact for Franchise: _____ Address: _____ City, State, Zip: _____ Phone Number(s): _____ Email: _____ Name and contact information for person authorized to enter into an agreement with King County, if different than the Primary Contact: _____
SECTION II FRANCHISE INFORMATION	Type of utility or activity: _____ Type of facility: <input type="checkbox"/> Transmission <input type="checkbox"/> Distribution <input type="checkbox"/> Both Number of Customers in unincorporated King County: Residential: _____ Other: _____ Type of request: <input type="checkbox"/> New franchise <input type="checkbox"/> Amendment to existing franchise Franchise number and expiration date: _____ <input type="checkbox"/> Renewal of existing franchise Franchise number and expiration date: _____ <input type="checkbox"/> Extension of existing franchise Franchise number and expiration date: _____ <input type="checkbox"/> Transfer of existing franchise Franchise number and expiration date: _____ For Water and Sewer Purveyors: Status of Water or Sewer Comprehensive Plan (include approval date and Ordinance number): _____
Official Use Only	Date Received by Facilities Management Division: _____ Received By: _____ Tracking Number: _____