



SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

**WIRELESS/FIBER
PERMIT APPLICATION OR PLAN REVIEW**

Date: _____

Attention: Manager,
Right of Way
Management Division.

For BART use only

PERMIT No.

MLA No. _____

Site Location: _____

ISLA No. _____

Fiber Installation

Submitted Document Drawings – 6 sets (11x17 preferred) Others: _____

Application is made for permission to perform the following in the BART Right of Way:

Check all that applies:

Install Wireless Antenna

Start Date _____

Fiber Installation

End date _____

Temporary Improvement

Duration _____

Permanent Improvement

Cabinet Installation/Addition

Permit to Enter

Others: _____ (6 sets)

Detailed scope of work (describe in details all work requested for permit): _____

List/Describe type of Equipment to be used: _____

This construction/Installation will be:

Underground

Aerial

Yard

Yard Location _____

Above Ground

Buried Cable _____

Milepost Location _____

Applicant agrees to submit the As-built drawings (if required) after final inspection and sign-off. Failure to submit As-built may result in forfeiture of refundable deposit. Please allow 4 to 6 weeks for processing this application. Expect refundable deposit about 30 days after sign-off

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Method of work: _____

Is the proposed work in the BART operating envelope? Yes No

Is the proposed Permit Area within 50 feet (Vertical or Horizontal) of Trackway? Yes No

Project Approval Date _____

Specify any change to existing landscape _____

Will any excavated material be transported off BART Permit Area Yes No

Does the proposed work involve fuel or known hazardous material on BART premises? Yes No

If yes, please specify and/or explain (Including any fuel storage capacity).

Name of Applicant (print company or agency)

Joint construction applicant

Address (Print)

Address (Print)

By (authorized signature)

Phone

By (authorized signature)

Phone

Name & Title (Print)

Name & Title (Print)

For official use only

Permit No. _____

Date Issued: _____

Work Order No. _____

ROW Management _____

Traction Power _____

Application receipt date: _____

Mechanical Engineering _____

Comm. Engineering _____

refundable deposit _____

Civil/ Engineering _____

Engineering Liaison _____

Completion date _____

Electrical Engineering _____

Field. Management _____

As-built submittal date _____

Electrical Engineering _____

Insurance Department. _____

Deposit Return Date _____

As-Built Drawings required Yes No

Location: _____ Inspector/ Safety Monitor name _____

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Line _____

Mile Post _____

Inspector/Safety Monitor Sign-off _____

Date: _____

Notes: _____

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