

**U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION**

**APPLICATION FOR PROPOSED USE OF BPA RIGHT- OF - WAY**

DATE
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**FOR DEVELOPMENTS OR SUBDIVISIONS, PLEASE ENCLOSE A \$250 NON-REFUNDABLE APPLICATION FEE. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS FEE.**

**FOR LONGITUDINAL OCCUPANCIES THAT REQUIRE USE OF MULTIPLE MILES OF BPA RIGHT-OF-WAY, PLEASE ENCLOSE A \$2,500 NONREFUNDABLE APPLICATION FEE.**

<b>A P P L I C A N T</b>	1. NAME	<b>O W N E R</b>	4. NAME
	2. ADDRESS, CITY, STATE, ZIP		5. ADDRESS, CITY, STATE, ZIP
	3. TELEPHONE NO.		6. TELEPHONE NO.

7. LOCATION OF PROPERTY  
**(PROVIDE A COUNTY ASSESSOR'S MAP SHOWING THE OWNER'S BOUNDARY LINES AND THE LOCATION OF USE.)**

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QUARTER SECTION(S)	SECTION(S)	TOWNSHIP	RANGE	COUNTY	STATE
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8. PURPOSE FOR WHICH BPA RIGHT-OF-WAY/PROPERTY IS TO BE USED *(Include a map, plan or sketch if appropriate.)*

**Driveway / Roadway Width**     **Pipelines**     **Electric Service Line**

Width \_\_\_\_\_ Type:     Gas     Sewer     Water    Voltage \_\_\_\_\_

Material \_\_\_\_\_ Diameter \_\_\_\_\_ Underground \_\_\_\_\_  
*(If Grading, attach plan)*

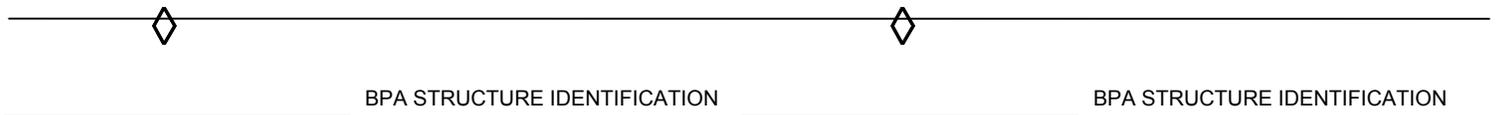
Material \_\_\_\_\_ Overhead \_\_\_\_\_  
 Buried Depth \_\_\_\_\_ *(If overhead, complete back page.)*

Other: \_\_\_\_\_

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**IF APPLICABLE, ATTACH NAME, COMPANY ADDRESS, AND A CONTACT PERSON FOR ALL UTILITIES INVOLVED IN PROJECT.**

9. RIGHT-OF-WAY Draw in space provided below the proposed use. (Identify structures and show distances and angles, if appropriate indicate North Arrow.) If a BPA Plan and Profile drawing is available, you may draw your plans on it and attach to this application.



10. APPLICANT NAME	11. APPLICANT SIGNATURE	12. APPLICANT TITLE
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**INSTRUCTIONS**

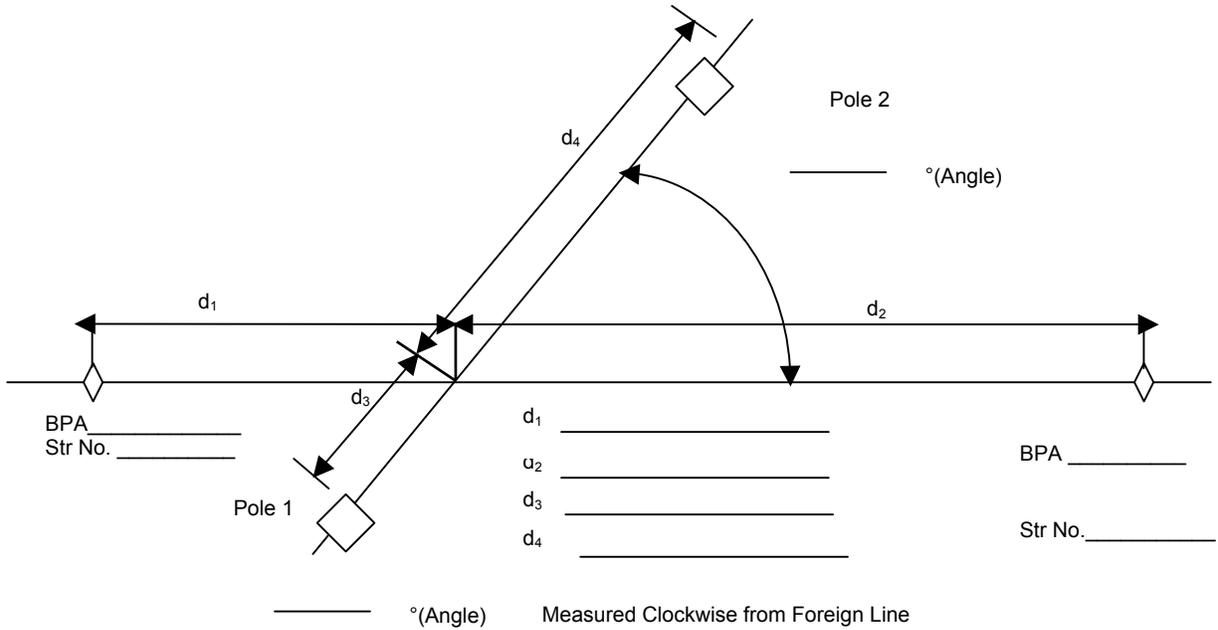
- 4-6. Complete only if the applicant is not the owner.
- 7. Legal description of the property. *(This information is on your title, insurance policy, courthouse deed, or your tax statement.)*
- 8. Check all boxes that apply and complete the information following the box.
- 9. Diamonds on the line represent towers or poles on the right-of-way. Indicate which direction is "North" in relation to the right-of-way. Since right-of-way widths vary, and conductors (*wires*) are not always located in the center of the right-of-way, you may have to contact the closest Regional Office for help. Copy the series of letters and numbers from the lower half of each tower or pole *(i.e., MCNY HORS 1-13-1)* and enter in "BPA Structure Identification" block.

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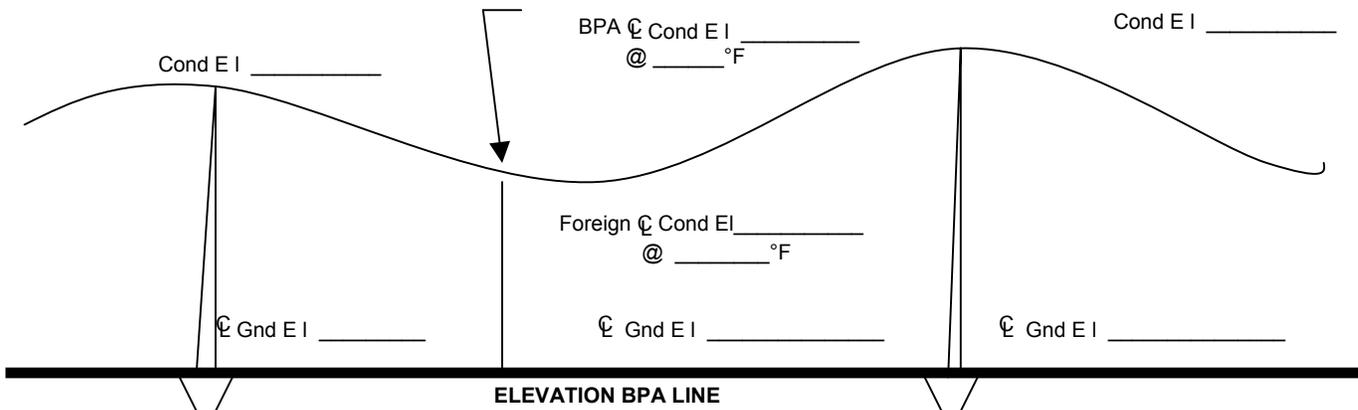
\*If applicable, this side completed by applicant only.\*

APPLICANT NAME

Complete if overhead or underground foreign line crosses an overhead BPA line. If the foreign line crosses more than one BPA line use additional sheets.



**PLAN**



**ELEVATION BPA LINE**

POLES	LENGTH	DEPTH SET	CLASS POLE
POLE 1			
POLE 2			
F I X T U R E S	SIZE OF CROSSARMS		
	MAKE AND CATALOG NUMBER OF INSULATORS		
C O N D U C T O R S	NUMBER	SIZE	
	KIND	VOLTAGE	
	MWT	LOADING	
	COMMENTS		

POLE 1

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POLE 2  
CONFIGURATIONS

A  
P  
P  
L  
I  
C  
A  
N  
T