

WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY (WMATA)
APPLICATION FOR REAL ESTATE PERMIT

Instructions:

Please submit the completed Permit Application and one (1) copy of only the pages of plans showing WMATA property relative to Applicant's property to realestate@wmata.com and jdac@wmata.com.

The \$3,500 Permit fee must be submitted electronically at <https://www.e-billexpress.com/ebpp/WMATANet> with the assigned 6-digit PCN number on the electronic transmission. If you do not have a 6-digit PCN number when you submit the permit fee, in Account Number line type company name and address of Metro property requested. Please email a copy of the payment receipt to realestate@wmata.com.

Contact Information:

1. Date Submitted:
2. Legal Company Name:
3. Legal Business Address of Company:
4. Contact Name:
5. Telephone:
6. E-mail:
7. Name and Title of Owner/Executive to Execute Permit:
8. Submit the following information for each contractor working on the project so WMATA can determine the appropriate insurance coverage:

Contractor	Contact Name	Telephone	E-mail	Work to be done and duration*

*Please indicate if work is to be done within 50 feet of Metrorail property

Project Information:

1. JDAC Project Control Number (PCN):
2. Project Name:
3. Project Location (street address of applicant property):
4. WMATA Location (Metrorail station/line and cross streets, if known, street address):
5. Operations Stationing of Outbound Track: From STA ± to STA ±
6. Operations Stationing of Inbound Track: From STA ± to STA ±
7. Construction Stationing of Outbound Track: From STA ± to STA ±
8. Construction Stationing of Inbound Track: From STA ± to STA ±
9. Purpose of Work on Applicant's Property:
10. Purpose of Work on WMATA Property (describe plans in narrative form):
11. Is the Use of WMATA Property to be Temporary, Permanent, or Both?
(If both, plans must separately address and designate the property required for temporary use and the property required for permanent use)
 - i. If Temporary Use Requested
 - a. Square footage of area to be occupied:
 - b. Description of all temporary work to be performed on WMATA property:
 - c. Is it within 50' of WMATA's right-of-way (above, under or adjacent to)?
 - d. Will equipment be stored on WMATA property (if space allows)?
 - ii. If Permanent Use Requested

Survey Plat and Metes and Bounds Required. Survey must be signed and sealed by a registered surveyor suitable for recording. Plats must show:

 - 1) All distances and bearings of proposed easement(s).
 - 2) Distance and bearing to the nearest WMATA right-of-way monument or property corner from a corner of proposed easement(s).
 - 3) Centerline stationing of WMATA outbound track, WMATA right-of-way line and/or property line.
 - 4) Distances and bearings of any existing easements, the proposed easement area, date, north arrow, existing streets and name of proposed grantee. All distances and bearings shall be based upon the local meridian. A written description of the proposed easement shall be provided.

- a. Square footage of permanent area to be conveyed by WMATA:
- b. State if surface, underground or aerial area(s).
- c. State if aerial or underground utility line.
- d. If within 50' of WMATA's operational property/facilities, state actual distances (above, under or adjacent to).

Final WMATA approval of permanent easement documents must be granted before a Permit to construct will be issued.

12. Dates Requested for Entry onto WMATA Property:

13. Length of Construction Permit Term:

14. Is proposed use of WMATA property exclusively beneficial to Applicant or will it benefit WMATA? Please explain:

15. Construction Equipment to be Used on WMATA Property (if allowed):

16. Total dollar cost of project:

17. Total dollar cost of work within fifty (50) feet of WMATA property:

Project Plan Requirements (if not previously submitted to JDAC):

Applicant must submit plans drawn to scale, show in plain view the proposed facility/work in relation to existing WMATA property and/or facility using ground elevations, and include:

- a. WMATA right-of-way and property lines.
- b. WMATA structure and/or security fencing.
- c. All existing utilities.
- d. WMATA communication, signal and power lines.
- e. If open cut construction is necessary, details of the support of excavation shall be shown. When applicable, tunnel construction shall also be shown.

Incomplete plans which do not include all above required information may delay issuance of the Permit.

WMATA BLANKET RAILROAD PROTECTIVE LIABILITY INSURANCE PROGRAM (RRP)
APPLICATION FORM FOR COVERAGE

Applicant will be advised IF project can be covered under WMATA's RRP program and the cost to Permittee. If coverage is desired and approved by Underwriter for WMATA's program, an invoice will be sent to Applicant.

Contractor/Permittee **must complete this form and attach to the Permit Application.** Applicant will be advised **IF** project can be covered under the WMATA RRP program and the cost to Permittee. If coverage by WMATA's program, is approved by Underwriter an invoice will be sent to Applicant. **Applicant must sign and complete the form in full including date and dollar values in lines 13 and 14.**

1) Contractor/Permittee and Address	
2) Job Description	
3) Job location (i.e., street address, station name, mile markers)	
4) Unique Job Characteristics (e.g., tunneling, blasting)	
5) Est. # Days/Months/Years on Metro Property	
6) Total Project Term	
7) Project Solely for the Benefit of Metro? (Yes/No)	
8) Joint Development Project? (Yes/No)	
9) Adjacent Construction Project (i.e., no benefit to Metro)? (Yes/No)	
10) Are WMATA Employees other than flagmen/supervisors and/or protective type personnel doing any work on this project? (Yes/No)	
11) If Yes to #9 above, detail: a. Number of RR employees b. Job titles, roles, work being performed c. Dollar value of the work being performed by RR employees labor/materials/equipment	
12) Contract/PR/PO/PCN Number (if assigned)	
13) Total Contract Value	
14) Dollar value of work withing 50' of WMATA track or within rail stations	
15) WMATA Dept. Contact and Phone Number	
16) RRP Limit Required (to be completed by RISK)	
17) RRP Premium (to be completed by RISK)	

Signature of authorized Contractor/ Permittee representative: _____

Date: _____

Printed Name/Title _____