STATE OF MAINE - DEPARTMENT OF TRANSPORTATION LINE EXTENSION/PRIVATE CONSTRUCTION AGREEMENT

This agreement form is used to supplement a Utility Location Permit application whenever an entity, other than a utility, is constructing aboveground mainline facilities that will be turned over to the utility prior to, or upon, being energized. In addition to both parties signing this agreement, the utility/utilities that will own the facilities shall also sign a corresponding "Application for Utility Location Permit". This agreement is not applicable to the construction of service lines or aerial wires that do not involve new poles within the public right-of-way.

General Description of Facilities and Location:		
that the proposed facilities that will be co and within the attached application (herei conveyance of the Facilities upon comple until such time that it confirms the Facilit Rule (17-229 CMR Chapter 210) and the	inafter "Facilities"), are acception of construction. The Uties were constructed in accountility's own standards and ragrees that, once the Facility	on Permit Application (hereinafter "Utility") agrees f the State of Maine right-of-way, as described above ptable to the Utility, and the Utility will accept tility agrees that it will not energize the Facilities rdance with MaineDOT's Utility Accommodation Terms and Conditions on file at the Maine Public ies are energized, this will serve as the sole sponsibility of the Utility.
Utility:		
Work Order Number:		
Utility Rep. Name (Printed)		
Utility Rep. Title (Printed)		
Utility Rep. Signature		
within the attached Utility Location Perm (17-229 CMR Chapter 210) and the Utili Commission. The Contractor further agree conveyed to the Utility and/or energized	nit Application in accordance ty's standards and Terms and ees that it is fully responsible by the Utility, whichever occ	rees to construct the Facilities as described above and with the MaineDOT's Utility Accommodation Rule d Conditions on file at the Maine Public Utilities of for the Facilities until such time that they are curs first. Should the Facilities not be conveyed for om the State of Maine right-of-way and restore the
Contractor Name:		
Contact's Name (Printed)		
Contact's Title (Printed)		
Contact's Signature		
Address:		
Telephone:	Office:	Contact's Cell:
Contact's Email:		