



**THE MARYLAND DEPARTMENT OF TRANSPORTATION  
STATE HIGHWAY ADMINISTRATION (MDOT SHA)**

320 West Warren Road  
Hunt Valley, Maryland 21030

**Utility Permit**

**Permit Number:** SHA-4-HA-0281-22

**U.C. Ref or Job ID#:** 52560

**Project Number:**

**Route No.:** MD 152 *MOUNTAIN RD*

**Route Name (optional):**

**Limits :** BALDWIN MILL RD - MD 165 to PHILADELPHIA RD - MD 7  
**Mile Point :** 13.350, 2.970

**Issue Date :** 5/16/2022

**Expiration Date :** 5/16/2023

So far as the MDOT State Highway Administration has the right and power to grant same, permission is hereby given to:

**Permittee :**

Baltimore Gas and Electric Company

1699 Leadenhall Street

Baltimore,, MD 21230

**Attention :**

Kevin Hedge

Phone#: (410) 608-5086

Email: kevin.hedge@bge.com

**Description of Work:**

Installation of twin 115kv transmission lines.

**The following Special Conditions apply to this permit.**

- All wire crossings, over lashing, and removal of wire shall be coordinated with the MDOT/SHA Utility
- ✓ Inspector one (1) week prior to commencement of such work. State Police presence may be required as directed by the MDOT/SHA Utility Inspector.
- ✓ All facilities must be placed in accordance with current MDOT/SHA's "Accessibility Policy & Guidelines for Pedestrian Facilities Along State Highways".
- ✓ An approved MDOT/SHA Traffic Control Permit shall be required prior to commencement of work.
- ✓ Permittee must communicate with the MDOT/SHA Utility Inspector one (1) week prior to the commencement of work being executed under this permit to discuss Maintenance of Traffic.

**Notifications:**

- a. Permittee must notify **TODD RIGGLEMAN**, the MDOT State Highway Administration **Utilities Area**

Engineer, at (410) 229-2344, 48 hours prior to commencement of any activities related to this permit.

- b. The permittee will designate the Traffic Manager for this permit and a 24 hour emergency number at the pre-construction meeting.
- c. All work for this permit shall be in conformance with the above referenced documentation supplied by the utility company.

THIS PERMIT IS ISSUED WITH THE REQUIREMENT THAT IT WILL BE ENFORCED WITH THE UTILITY PERMIT GENERAL PROVISIONS. A COPY OF THE UTILITY PERMIT GENERAL PROVISIONS SHALL BE ATTACHED TO EACH AND EVERY INDIVIDUAL WORK ORDER PERMIT ALONG WITH ANY SPECIAL PROVISIONS, ATTACHMENTS, PLANS, AND ADDENDA IN ORDER TO CONSTITUTE A COMPLETE AUTHORIZED UTILITY PERMIT. THE COMPLETE AUTHORIZED UTILITY PERMIT OR DISTRICT OFFICE PERMIT WHICH MUST BE FOUND ON THE JOB SITE **AT ALL TIMES.**



FOR

By: \_\_\_\_\_

WENDELYN WOLCOTT

District Engineer

MDOT State Highway Administration



**THE MARYLAND DEPARTMENT OF TRANSPORTATION  
STATE HIGHWAY ADMINISTRATION (MDOT SHA)**

320 West Warren Road  
Hunt Valley, Maryland 21030

**Utility Permit**

**Permit Number:** SHA-4-BA-0282-22

**U.C. Ref or Job ID#:** MD 145  
**Project Number:**

**Route No.:** MD 145

*SWEET AIR RD*

**Route Name (optional):** SWEET AIR RD  
- MD 145

**Limits :** CARROLL MEADOWS DR - CO 7000 to CARROLL MEADOWS DR - CO 7000  
**Mile Point :** 9.070, 9.070

**Issue Date :** 5/16/2022

**Expiration Date :** 5/16/2023

So far as the MDOT State Highway Administration has the right and power to grant same, permission is hereby given to:

**Permittee :**

Baltimore Gas and Electric Company  
1699 Leadenhall Street

Baltimore,, MD 21230

**Attention :**

Kevin Hedge  
Phone#: (410) 608-5086  
Email: kevin.hedge@bge.com

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- ✓ An approved MDOT/SHA Traffic Control Permit shall be required prior to commencement of work.
- ✓ Permittee must communicate with the MDOT/SHA Utility Inspector one (1) week prior to the commencement of work being executed under this permit to discuss Maintenance of Traffic.

**Notifications:**

a. Permittee must notify **TODD ROBERTSON**, the MDOT State Highway Administration **Utilities Area Engineer**, at **(410) 229-2346**, 48 hours prior to commencement of any activities related to this permit.

b. The permittee will designate the Traffic Manager for this permit and a 24 hour emergency number at the pre-construction meeting.

c. All work for this permit shall be in conformance with the above referenced documentation supplied by the utility company.

**THIS PERMIT IS ISSUED WITH THE REQUIREMENT THAT IT WILL BE ENFORCED WITH THE UTILITY PERMIT GENERAL PROVISIONS. A COPY OF THE UTILITY PERMIT GENERAL PROVISIONS SHALL BE ATTACHED TO EACH AND EVERY INDIVIDUAL WORK ORDER PERMIT ALONG WITH ANY SPECIAL PROVISIONS, ATTACHMENTS, PLANS, AND ADDENDA IN ORDER TO CONSTITUTE A COMPLETE AUTHORIZED UTILITY PERMIT. THE COMPLETE AUTHORIZED UTILITY PERMIT OR DISTRICT OFFICE PERMIT WHICH MUST BE FOUND ON THE JOB SITE AT ALL TIMES.**



**FOR**

By: \_\_\_\_\_

WENDELYN WOLCOTT

District Engineer

MDOT State Highway Administration

Cc: [bfender@mdot.maryland.gov](mailto:bfender@mdot.maryland.gov); [trigglesman@mdot.maryland.gov](mailto:trigglesman@mdot.maryland.gov)

Subject: [EXTERNAL]Permit#SHA-4-HA-0281-22

**EXTERNAL MAIL. Do not click links or open attachments from unknown senders or unexpected Email.**

MDOT SHA District 4 Utility Permit - Attached is your approved Utility Permit. Permittee must notify Todd Riggleman of the State Highway Administration, District Utility Area Engineer, at (443) 569-2096, 48 hours prior to commencement of any activities related to this permit. Please submit the attached traffic control permit directly to [SHADistrict4UtilitiesLCP@mdot.maryland.gov](mailto:SHADistrict4UtilitiesLCP@mdot.maryland.gov).

**M DT** MARYLAND DEPARTMENT OF TRANSPORTATION  
STATE HIGHWAY ADMINISTRATION

**TRAFFIC CONTROL PERMIT APPLICATION**

Permit No.: \_\_\_\_\_ District: Choose Dist. Date: \_\_\_\_\_

**SECTION I – TYPE OF TRAFFIC CONTROL REQUEST (Check One Only)**

- Normal Hours Closure
- Detour
- Nighttime/Weekend Closure
- Special Request (i.e. Ramps) \_\_\_\_\_

**SECTION II - PERMITTEE INFORMATION** **CLEAR THIS SECTION**

Company (Name): \_\_\_\_\_ Project Contact (Name): \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**SECTION III – LOCATION & DESCRIPTION OF TRAFFIC CONTROL**

**A. LOCATION**

MSHA Route #: \_\_\_\_\_ Also known as (street name): \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 MSHA Proj. No. (if any): \_\_\_\_\_ Job ID or Company's Ref. #: \_\_\_\_\_  
 MSHA Contact Person: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**B. DESCRIPTION**

Requested Date(s): \_\_\_\_\_ Day(s) of Work: \_\_\_\_\_  
 Requested Time Period: \_\_\_\_\_

Travel Direction of Closure  N  S  E  W  INNER LOOP  OUTER LOOP

Closed Lanes:  LT SH  #1  #2  #3  #4  #5  RT SH  OTHER

MSHA Traffic Control Standard No: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Traffic Control Manager (Name): \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email : \_\_\_\_\_

Request for closure must be made **5 BUSINESS DAYS** prior to actual closure.  
**(Weekend requests must be in by Monday and Monday requests must be in by the previous Tuesday).**  
 Permittee must coordinate with the Project Engineer if working within Construction Work Zone Limits, in order to receive permission to work in that area.  
 Permittee is responsible for implementation of all traffic control devices, which must be in compliance with noted traffic control standard and the MdMUTCD.  
 This permit is subject to revocation at the direction of the MSHA.  
 Permittee must have a copy of the approved Traffic Control Permit at the work site.

Please fax completed form to: MSHA District 5 Office at: (410) 841-5309. Any questions call: (410) 841-1039.

The State Operations Center (SOC) must be contacted at 1-800-543-2515 each day the permit is in effect.  
 Permittee Must contact MSHA District Office and the SOC 30 minutes prior to closing any MSHA Roadway or shoulder.

STATE HIGHWAY ADMINISTRATION

**ACKNOWLEDGEMENT  
Of The  
UTILITY PERMIT GENERAL PROVISIONS**

**Issued: January 1, 2019**

**By**

\_\_\_\_\_  
Utility Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_ intends to request permission from the Maryland Department of Transportation State Highway Administration (MDOT SHA) to perform limited work within various state right of ways by submitting Utility Permit Application Packages to the appropriate District Offices for Utility Construction Permits, Utility Relocation Permits (for MDOT SHA projects), Utility Blanket Permits (Tree Trimming, Minor Utility Infrastructure Maintenance Work and Emergency Work) and Utility Permit Extensions, (hereinafter collectively referred to as Individual Work Order Permits).

It is hereby agreed and understood that:

- This acknowledgement form shall be construed to indicate that \_\_\_\_\_ has downloaded the Utility Permit General Provisions from MDOT SHA’s website and accepts the terms and specifications outlined therein.
- A copy of the Utility Permit General Provisions shall be attached to each and every Individual Work Order Permit along with any attachments, plans and addenda in order to constitute a Complete Authorized Utility Permit.
- The Utility Permit General Provisions by itself or any Individual Work Order Permit by itself DOES NOT grant permission to \_\_\_\_\_ to work within MDOT SHA rights- of-ways.
- The issuance of any Complete Authorized Utility Permit shall be construed to indicate complete acceptance of the terms and specifications outlined therein.
- Any proposed work performed by \_\_\_\_\_ shall be performed and completed in accordance with all applicable County, State, and Federal laws, rules, regulations and ordinances, and subject to the inspection and control of the MDOT SHA.

I hereby certify that I have authorization to sign this Acknowledgement Form and that \_\_\_\_\_ agrees to all the above terms and conditions.

\_\_\_\_\_  
Utility Company

\_\_\_\_\_  
Print Name Signature Date

Telephone Number: \_\_\_\_\_ email: \_\_\_\_\_

## **PROJECT INFORMATION FORM**

Utility / Access Permit #

\_\_\_\_\_

Route #:

\_\_\_\_\_

Work Start Date:

\_\_\_\_\_

Work End Date:

\_\_\_\_\_

Utility Company/Field Inspector Contact & #:

\_\_\_\_\_

Field Inspector Email Address:

\_\_\_\_\_

Contractor Company/Contact & #:

\_\_\_\_\_

Contractor Email Address:

\_\_\_\_\_

Traffic Control Company/Contact & #:

\_\_\_\_\_

Traffic Control Email Address:

\_\_\_\_\_

Lane Closure Permit # (Leave Blank):

\_\_\_\_\_

Excavation in Roadway:

- Yes
- No

Excavation in Sidewalk:

- Yes
- No

**\* Make sure to add first & last name under contact info!**

**\* A copy of the Traffic Control Managers MOT Card must be submitted**

**\* Must Contact SOC at (410)-582-5650 (Prior To & After Work)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date