



## Working Space Request Form

This form is to request consultation with LCEC to review proposed work and/or facility changes by the Contractor that will temporarily or permanently violate Occupational Safety and Health Administration (OSHA) or National Electric Safety Code (NESC) working space or facility clearances from existing power lines and/or facilities. A person(s) requesting consultation on a working clearance assumes all responsibility for establishing the appropriate clearance distance. LCEC will not provide recommendations or consultation on facility clearances with the exception of the minimum vertical and horizontal clearance distances from structures as defined in the National Electric Safety Code.

Applicant understands and agrees that the final location of constructed facilities will be compliant with clearance distances defined in the National Electric Safety Code.

By submission of this request, Applicant understands and agrees that all costs incurred by LCEC for the planning and completion of work to acquire and maintain the requested working space or permanent facility clearance will be paid by Applicant.

Upon receipt of this request, LCEC will arrange for a meeting at the job location. Representatives of LCEC will determine the best suited clearance method.

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Desired Date of Onsite Meeting: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Worksite Location: \_\_\_\_\_

Name of Contractor/Builder: \_\_\_\_\_

Contractor/Builder Contact: \_\_\_\_\_

Contact Phone Number: *Office* \_\_\_\_\_ *Cell* \_\_\_\_\_  
*Phone:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip Code: \_\_\_\_\_

*Please fax this form to 239-995-7904 or visit our web site at [www.lcec.net](http://www.lcec.net)*