

WAUSHARA COUNTY HIGHWAY DEPT
**APPLICATION/PERMIT to CONSTRUCT, OPERATE,
 and MAINTAIN UTILITIES WITHIN HIGHWAY
 RIGHT-OF-WAY**

Applicant/Company: _____
 Address: _____

 Office Phone: _____
 Local Phone & Pager: _____
 Plans Prepared By: _____
 Preparer's Phone: _____

LOCATION INFORMATION	
Highway(s): _____	
Town/Village/City of: _____	
_____ ¼ of the _____ ¼ Sec _____ T _____ N _____ R _____ E	
ADDITIONAL INFORMATION	
Annual Service Connection Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utility Work Order # _____	
Fee Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____	

DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)

UTILITY TYPE: Electric Gas/petroleum Communications Water Sanitary sewer Private line
 Transmission Distribution Service Facility Size/Capacity: _____
 (diameter, # fibers, psi, Kv, etc)

ORIENTATION: Overhead Underground Parallel to hwy centerline Hwy crossing Bridge attachment Tunnel

WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place

CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/towers Open cut hwy Cased

Tree cutting/removal Chemical treatment of trees/brush Erosion Control Designation: Major Minor

Provide additional narrative if needed: _____

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE
 RESPONSIBLE FOR CONSTRUCTION: _____

Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: _____ (Title) _____ (Date)
 (Signature of Applicant/Company Authorized Representative) _____
 _____ (Authorized Applicant/Company Representative Telephone Number)
 (Typed/Printed Name of Person Signing Above or Electronic Signature Code)

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached: Yes No

By: _____ (Authorized Representative for County)
 _____ (Title) _____ (Date)

Date Revised: 1/5/01 clm

FEE RECEIVED: \$ _____
CHECK NUMBER: _____
DATE ISSUED: _____
HWY PROJECT #: _____
PERMIT NUMBER: _____

WCHA UTILITY ACCOMMODATION POLICY

Policy 96.98

Effective: January 1, 2006

96.00 Utility Accommodation
96.90 Appendices
96.98 Completion Certificate

Supersedes:

By: County Highway Commissioner

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**WAUSHARA COUNTY
HIGHWAY DEPARTMENT**

**COMPLETION CERTIFICATE
(For Utility Permits)**

Mail or Fax to Address Listed Below

Date _____

To: WAUSHARA COUNTY HIGHWAY DEPARTMENT
1001 East Main Street
WAUTOMA, WI 54982

ATTN: WILLIAM PATTERSON
TELEPHONE: 920-787-3327
FAX: 920-787-4403
E-MAIL: bphwy@centurytel.net

FROM: _____
ADDRESS: _____
CONTACT: _____
FAX: _____
TELEPHONE: _____
PERMIT NO.: _____

The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.

Signature: _____