

# Village • Bloomfield • Town

Village-PO Box 609 | Town-PO Box 704 | N1100 Town Hall Rd | Pell Lake, WI 53157  
(262) 279-6039 Ext 5 | Fax: (262) 279-3545

## BLOOMFIELD HIGHWAY DEPARTMENT ALTERATION(S) ON PUBLIC RIGHT-OF-WAY PERMIT APPLICATION

\_\_\_\_ Village      \_\_\_\_ Town

**Fee: \$200.00**

PERMIT#:

DATE SUBMITTED:

PROJECT  
COMPLETION DATE:

Present Mailing Address of Owner

Address of Permit Location

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

### **PERMIT REQUESTED:**

Culvert Removal \_\_\_\_\_ Access Road Reconstruction \_\_\_\_\_ Utility \_\_\_\_\_

### **PROPOSED METHOD OF INSTALLATION:**

Tunnel \_\_\_\_\_ Suspend on poles \_\_\_\_\_ Cased \_\_\_\_\_ Jack & Bore \_\_\_\_\_ Culvert \_\_\_\_\_  
Open Cut \_\_\_\_\_ Suspend on towers \_\_\_\_\_ Trench \_\_\_\_\_ Plow \_\_\_\_\_ Cut & Fill \_\_\_\_\_

### **PROPOSED WORK:**

Right-of-Way: Cross \_\_\_\_\_ Parallel \_\_\_\_\_ Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Culvert \_\_\_\_\_

Type of installation: \_\_\_\_\_

Plans prepared by: \_\_\_\_\_ Copy attached: YES \_\_\_\_\_ NO \_\_\_\_\_

How much frontage do you have on roadway? \_\_\_\_\_

Name of Road/Street involved: \_\_\_\_\_ Side of Street: E \_\_\_\_\_ W \_\_\_\_\_ N \_\_\_\_\_ S \_\_\_\_\_

The undersigned applicant is bound and obligated to construct the driveway or other alterations in accordance with the description contained herein and sketches attached hereto shall abide by the approved application after inspection by the authorized Public Works representative. A final inspection MUST be made after the proposed work is completed. This permit is issued subject to the conditions that the work shall be constructed in accordance with all applicable rules and regulations of any governmental agency applicable thereto and be performed and completed to the satisfaction of the Village/Town of Bloomfield. The applicant shall be liable to the Village/Town of Bloomfield for all damages which occur during the progress of said work or as a result thereof.

### **SKETCH OR PLAN DRAWING REQUIRED FOR PERMIT APPROVAL. Digital files required.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Applicant Signature)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

### **Office Use Only:**

Date Paid:	Amount Paid:	Received by:
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