Town of Saxeville

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: _____

<table>
<tr><td colspan="2">LOCATION INFORMATION</td></tr>
<tr><td>Highway(s):</td><td></td></tr>
<tr><td>Town/Village/City of:</td><td></td></tr>
<tr><td colspan="2">____ ¼ of the ____ ¼ Sec ____ T ___ N R ___ E</td></tr>
</table>

$25.00 Fee Required
Made payable to Town of Saxeville
PO Box 30
Saxeville WI 54976

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: _____   _____   _____
(Signature of Applicant/Company Authorized Representative)   (Title)   (Date)

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

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

<table>
<tr><td>FEE RECEIVED: $ _____</td></tr>
<tr><td>CHECK NUMBER: _____</td></tr>
<tr><td>DATE ISSUED: _____</td></tr>
<tr><td>HWY PROJECT #: _____</td></tr>
<tr><td>PERMIT NUMBER: _____</td></tr>
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