TOWN OF OAKLAND HIGHWAY DEPARTMENT

APPLICATION TO CONSTRUCT, OPPERATE AND MAINTAIN UTILITIES	WITHIN OR NEAR HIGHWAY RIGHT-
OF-WAY	
Applicant/Company	
Street Address, City, State, Zip Code	
Phone Fax Cell	
LOCATION INFORMATION: SectionTownship	_Range
Fee Amount Required	
DESCRIPTION OF PROPOSED WORK (CHECK ALL THAT	APPLY)
UTILITY TYPE: ELEC Gas/Petroleum Communicatio	•
Private Line Transmission Distribution Service Fac	
Orientation: Overhead Underground Parallel to Hwy.	
Hwy Crossing Tunnel Bridge Attachment	
WORK TYPE: New Construction Improve/Repair Existin	ng Maint Removal
Abandon In Place	<u> </u>
	
CONSTRUCTION METHOD(S): Plow Trench Bore _	Suspend on Poles/Towers
Open Cut Highway Cased Tree Cutting Chemica	
EROSION CONTROL DESIGNATION:	
PROVIDE ADDITIONAL NARRATIVE IF NEEDED:	
NAME/PHONE NUMBER OF UTILITY REP RESPONSIBLE FOR CONSTR	UCTION:
ESTIMATED START DATE: ESTIMATED COMPLETION	N DATE:
The applicant understands and agrees that the work shall comply wi	ith all parmit provisions and
conditions of the Utility Accommodation Policy of the Town of Oakla	· · · · · · · · · · · · · · · · · · ·
the time of this application, and with any special provisions listed be	- , ,
all plans, details, or notes attached hereto and made a part thereof.	•
By:Title	
Print Name Telephone	Number:
DO NOT WRITE BELOW THI	S LINE
PERMIT APPROVAL:	
The foregoing application is hereby approved and permit issued by t	the Town of Oakland subject to full
compliance by the applicant with all provisions and conditions state	
Policy of the Town of Oakland Highway Department including the In	· · · · · · · · · · · · · · · · · · ·
the WCHA Utility Accommodation Policy in effect on the date of this	
,	
	FEE RECEIVED \$
SUPPLEMENTAL PROVISIONS ATTACHED:YesNo	CHECK NITIVADED
By: Title:Date	CHECK NUMBER
Title:Date	DATE ISSUED:
	PERMIT NI IMBER: