

FIGURE 1

TREMPEALEAU COUNTY HIGHWAY DEPARTMENT

APPLICATION/PERMIT TO CONSTRUCT, MAINTAIN, AND OPERATE 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:
1/4 of the 1/4 Sec., T N, R W/E
Additional Information
Annual Service Connection Permit? Yes No
Utility Work Order #:

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:
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 Tree Cutting/removal
Cased Chemical Treatment of Trees/brush Erosion Control Designation: Major Minor
Provide additional narrative if needed:

NAME AND PHONE NUMBER OF UTILITY PERSON 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 Trempealeau County Utility Policy 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 Authorized Representative)

(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Applicant/Company Representative Phone 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 Trempealeau County Utility Accommodation Policy including the Indemnification as included in 96.03 of the Trempealeau County Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions attached: YES NO

BY:
(Signature of Authorized Representative)

Title: Date:

Mail application to:
Trempealeau County Highway Dept.
P.O. Box 97
Whitehall, WI 54773

Or Fax: 715-538-4320