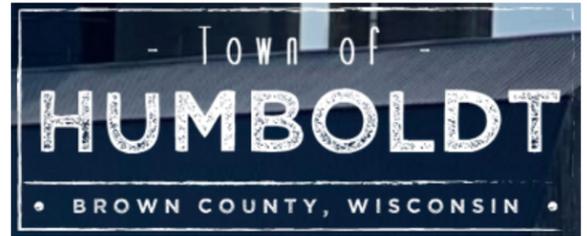


APPLICATION/PERMIT TO WORK WITHIN THE RIGHT-OF-WAY

Town of Humboldt
5500 Humboldt Road
Green Bay, WI 54311
Phone: 920-863-3370

EMAIL: townofhumboldt@outlook.com



Applicant/Company: _____
Address: _____
Office Phone: _____
Applicant Contact: _____
Phone: _____
Preparer's Name: _____
Company: _____
Phone: _____

NOTE: As part of this permit, the applicant MUST attach a drawing/plan which shows all existing utilities in the area with the proposed utility highlighted or color-coded. The drawing/plan shall provide distances to each utility from the road centerline, road edge – back of curb and from the right-of-way line. The distances from the nearest intersection to the start/end of the project shall also be indicated. If the information is not provided, expect delays or the return of the application.

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

CONST. METHOD(S): Plow (Depth: _____) Trench (Depth: _____) Bore (Depth: _____) Cased
 Suspend-poles/towers Open cut highway Tree cutting/removal Chemical treatment of trees/brush

Description of Work: _____

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

The applicant understands and agrees that the permitted work shall comply with all permit provisions and condition of the utility permit application and any special provision listed or attached here to, and any and all plans, details, or special notes attached here to and made a part of therof.

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

(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 Permit 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 Wisconsin County Highway Association Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached: Yes No

By: _____ (Authorized Representative for County)

_____ (Title) _____ (Date)

Fees
Work with the right of way..... \$75.00
Roadway open cut\$700.00

Permit Number # _____