



APPLICATION FOR PERMIT
TO CONSTRUCT, MAINTAIN OR REPAIR
UTILITIES WITHIN A COUNTY TRUNK HIGHWAY
RIGHT-OF-WAY
 §86.07(2), 86.16 and other applicable Wis. Stats.
 Code of Green Lake County Ch. 160

GREEN LAKE COUNTY
 HIGHWAY COMMISSION 570
 South Street Green Lake, WI
 54941 Phone: (920) 294-4060
 Fax: (920) 294-4066 Email:
gchwy@co.green-lake.wi.us

Permit No. _____

APPLICANT INFORMATION

Application/Company: _____
 Address: _____
 Office Phone: _____
 Local Phone & Pager: _____
 Plans Prepared By: _____
 Preparer's Phone: _____

LOCATION INFORMATION

Highway(s): _____
 TOWN CITY VILLAGE of: _____
 _____ 1/4 of _____ 1/4 _____ T _____ N R _____ E

ADDITIONAL INFORMATION

Annual Service Connection Permit? Yes No
 Utility Work Order # _____
 Fee Required? Yes No Amount \$ _____

DESCRIPTION OF PROPOSED WORK (Check all that apply)

UTILITY TYPE: Electric Gas/Petroleum Communications Private Line Sanitary Sewer Water
 Transmission Distribution Service *Facility Size/Capacity:* _____
 Other: _____ (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 METHODS: Plow Trench Suspend On Poles/Towers Open Cut Hwy Cased Bore
 Chemical Treatment Of Trees/Brush Tree Cutting/Removal *Erosion Control Designation:* Major Minor

Provide additional information if needed: _____

Utility Representative Responsible For Construction: _____ Name _____ Phone Number _____
 Estimated Start 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 _____

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 _____

FEE RECEIVED:	\$ _____
CHECK NO.:	_____
DATE ISSUED:	_____
HWY PROJECT NO.:	_____