



**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: [highway@co.green-lake.wi.us](mailto:highway@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 \_\_\_\_\_

<b>FEE RECEIVED:</b>	\$ _____
<b>CHECK NO.:</b>	_____
<b>DATE ISSUED:</b>	_____
<b>HWY PROJECT NO.:</b>	_____