

Town of Rose

APPLICATION/PERMIT to CONSTRUCT, OPERATE, and MAINTAIN 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 of Rose
% of the % Sec 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 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 Cased
Tree cutting/removal Chemical treatment of trees/brush Erosion Control Designation: Major Minor
Provide additional narrative if needed:

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE 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 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)
(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Applicant/Company Representative Telephone 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 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 Town)
(Title) (Date)

Date Revised: 1/5/01 clm

FEE RECEIVED: \$
CHECK NUMBER:
DATE ISSUED:
HWY PROJECT #:
PERMIT NUMBER: