

**TAYLOR COUNTY
PERMITTING AUTHORITY**

PERMIT NUMBER _____

**PERMIT TO CONSTRUCT, MAINTAIN OR REPAIR
UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY**

REQUEST BY APPLICANT:

Name _____

Address _____

Office Phone _____ Local Phone _____

Type of Utility Installation _____

Plans Prepared By _____ Copy Enclosed Yes No

Utility Location Is to cross right-of-way parallel to right-of-way
 overhead underground

PROPOSED METHOD OF INSTALLATION:

- tunnel suspend on poles cased
- jack & bore suspend on towers trench
- open cut plow

Estimated Starting Date _____ Estimated Restoration Date _____

APPLICANT MUST CONTACT THE HIGHWAY DEPARTMENT (3) DAYS PRIOR TO ANY ACTIVITY

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions listed on the reverse side hereof, any special provisions listed below or attached hereto, and any and all plans, details or notes attached hereto and made a part of thereof.

BY _____ Title _____
(Signature of Authorized Utility Representative)

Date _____

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 herein and on the following page hereof and all attachments hereto.

Federal aid has been, or is being used on this highway; current State of Wisconsin policy for accommodation of utilities on highway rights-of-way applies.

Other Special Provisions:

- (1) Utility to be buried at a minimum depth of thirty-six inches (36").
- (2) Proper safety equipment must be utilized when working in the right-of-way.

BY _____ Title _____
(Signature of Authorized Permitting Authority Representative)

Date _____

Highway _____

Town Village City

Of: _____

County Taylor

_____ 1/4 of _____ 1/4, Sec. _____

T _____ N, R _____

Date _____