

Town of Auburndale, Auburndale WI

APPLICATION FOR PERMIT

Utility Construction/Excavation in Public Right-of-Way

Permit No. _____.

Permit Fee \$25.00

Date Paid _____

Date Billed _____

Checks shall be payable to: Town of Auburndale

Applicant Information (Utility Owner or contractor, not the property owner the work is being done for) Date: _____

Applicant: _____ Authorized Representative: _____

Address: _____ Title: _____

_____ Email Address: _____

Field Contact Person: _____ Phone No: _____

Phone No: _____ Fax No: _____

Location of Work: Address(es) _____ ☐ Crossing R/W ☐ Parallel to R/W
Specific Description/Limits: _____ Quadrant of Intersection: _____

Type of Work: (check all that apply) ☐ New Installation ☐ Open Excavation ☐ Underground
☐ Repair ☐ Trencher/Plow ☐ Overhead
☐ Replacement – Partial (within R/W) ☐ Bore ☐ Fiber Optic
☐ Replacement – Complete (beyond R/W) ☐ Cased ☐ Other _____
☐ Abandonment ☐ Other _____

Type of Facility: ☐ Main ☐ Lateral/Service ☐ Depth: _____ Size: _____ Material: _____
☐ Sanitary ☐ Storm ☐ Water ☐ Electric ☐ Gas ☐ Telephone ☐ Cable ☐ Other: _____

Proposed Permanent Structures: ☐ Pedestal ☐ Panel ☐ Pole ☐ Valve ☐ Hydrant ☐ Other: _____

Items to be Disturbed: Street Surface = ☐ Concrete ☐ Asphalt ☐ Asphalt Overlaid on Concrete ☐ Chip/Slag Seal Approx. Size _____
☐ Travel Lane ☐ Parking Lane ☐ Alley ☐ Median ☐ Other: _____
☐ Curb & Gutter ☐ Driveway ☐ Sidewalk ☐ Curb Ramp ☐ Other: _____
☐ Terrace (Public) ☐ Lawn (Private) ☐ Ditch ☐ Tree ☐ Other: _____

Contractor(s): Excavation: _____ Hard Surface Restoration: _____

☐ Drawing (must be submitted with Application) Pages: _____ Date: _____ By: _____

Construction Schedule: Start Date: _____ Completion Date: _____ ☐ Emergency

Applicant agrees to be bound by the provisions of State Statutes, Ordinances and the Municipal Code governing public right-of-ways (and municipal property) and by such Permit Provisions and Conditions of Issuance, special conditions, restrictions or regulations as may be imposed by the Town of Auburndale

By: _____ Date: _____

Signature of Authorized Representative

(To Be Completed by Town of Auburndale)

Additional Requirements for Applicant:

Street Classification: _____

☐ Notify the Town Chairman a minimum of 48 hours prior to beginning any work within the public right-of-way.

☐ Temporary Erosion Controls Required – Including: ☐ Inlet Protection ☐ Ditch Checks ☐ Other _____

☐ Permanent Erosion Controls Required – Including: ☐ Erosion Mat ☐ Sod ☐ Riprap ☐ Other _____

☐ Traffic Control Plan per MUTCD Typical Application: _____ (TA No. _____)

☐ Submit Detailed Traffic Control Plan ☐ Detour Required

☐ These Special Conditions shall apply: _____

The Applicant is hereby authorized to do the work as described above subject to full compliance with all provisions/conditions stated herein including provisions on the reverse side and all attachments hereto.

Signature of Authorized Permitting Authority Representative Title: _____

Date: _____