

Village of St. Cloud, Wi

**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	
street(s) _____	
Town/Village/City of: _____	
_____ ¼ of the _____ ¼ Sec _____ T _____ N _____ R _____ E	
ADDITIONAL INFORMATION	
Annual Service Connection Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utility Work Order # _____	
Fee Required? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
(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 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 village 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 village 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)

(Title) (Date)

Date Revised: 1/5/01 clm

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

Send application along with construction sketch, \$50 processing fee to: Village Clerk, PO Box 395, St Cloud, WI 53079