



UTILITY CONTRACTOR PERMIT TO EXCAVATE IN THE PUBLIC RIGHT-OF-WAY

Permit # : _____
Date Issued: _____
Expires: _____
Fee: _____

Failure to obtain a permit is subject to a \$1000 fine.

Applicant Information	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor
Name (print): _____	Company: _____		
Address: _____	Telephone: _____	Fax: _____	
_____	e-mail: _____		
Applicant Signature: _____	Date: _____		

Location of Work	Address: _____
Lot #/Subdivision: _____	Tax Key No.: _____
Street: _____	From: _____ To: _____

Description of Work	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Repair	<input type="checkbox"/> Abandonment / Removal
General Description: _____				
Estimated start date: _____		Estimated completion date : _____		
Utility Construction (Type):	Utility Construction (Description):	Sidewalk / Driveways / Landscaping / Other		
<input type="checkbox"/> Gas	<input type="checkbox"/> Main Line (Size: _____")	<input type="checkbox"/> Sidewalk (at Driveway only)		
<input type="checkbox"/> Electric	<input type="checkbox"/> Service/Lateral (Size: _____")	<input type="checkbox"/> Sidewalk (complete)		
<input type="checkbox"/> Telephone / Fiber Optic	<input type="checkbox"/> Tap (Size: _____")	<input type="checkbox"/> Driveway Apron (approved by: _____)		
<input type="checkbox"/> Cable TV	<input type="checkbox"/> Valve (Size: _____")	Curb Cut (approved by: _____)		
<input type="checkbox"/> Utility Pole	<input type="checkbox"/> Hydrant			
<input type="checkbox"/> Sanitary Sewer	Installation Method		Property Type	
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Open Cut	<input type="checkbox"/> Overhead	<input type="checkbox"/> Owner-Occupied One or Two Family Property	
<input type="checkbox"/> Water	<input type="checkbox"/> Auger/Bore/Trenchless		<input type="checkbox"/> Commercial or Other	

Type(s) of existing surfaces that will be damaged: Asphalt pavt. Concrete pavt. Curb/Gutter Sidewalk Grass

Surface Restoration Requirements	<i>(To be determined by City prior to issuing permit)</i>		
Required under this permit:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> None
Material(s): <input type="checkbox"/> _____" Asphalt	<input type="checkbox"/> _____" Concrete	<input type="checkbox"/> _____" Base Aggregate 1-1/4 Inch	<input type="checkbox"/> Grass / Other:

Backfill Requirements: Excavated Material Compacted Granular Aggregate Slurry

Additional Requirements <i>(Department use only)</i>			
<input type="checkbox"/> Construction Plan/Sketch	<input type="checkbox"/> Sewer/Water Permit	<input type="checkbox"/> Inspection	<input type="checkbox"/> Re-Inspection
<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Street Occupancy Permit	<i>Department of Public Works must be notified 4 working hours prior to requested time of inspection (920) 467-7901 ext 302.</i>	
<input type="checkbox"/> Performance Bond	<input type="checkbox"/> Council Approval		
<input type="checkbox"/> Erosion Control Permit			
<input type="checkbox"/> Other : _____			


Work Zone Traffic Control Requirements		<input type="checkbox"/> CONTACT SHEBOYGAN FALLS POLICE DEPARTMENT
Type of Street: _____	Proposed Traffic Control: _____	
<input type="checkbox"/> Arterial	<input type="checkbox"/> MUTCD Page(s) _____	Additional Requirements: _____
<input type="checkbox"/> Collector	<input type="checkbox"/> WDOT Manual Page(s) _____	
<input type="checkbox"/> Local	<input type="checkbox"/> Other (attach plan) _____	
Approved by: _____	Date: _____	

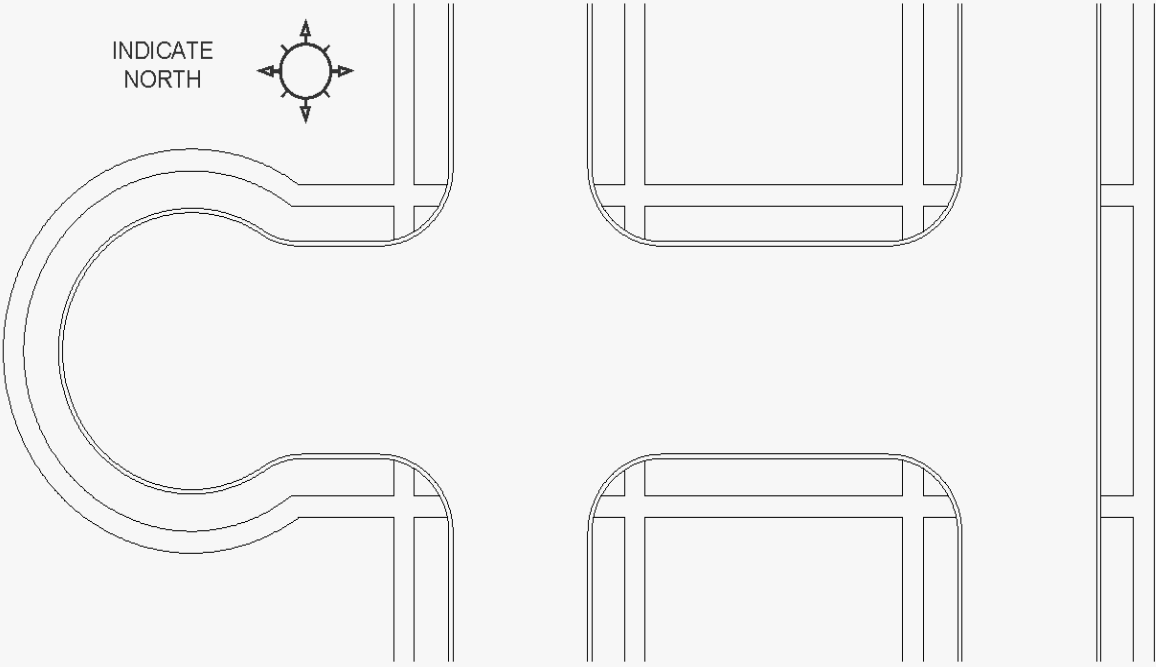
FIELD NOTES *(Department use only)*

Surface Restoration: **TEMPORARY** **PERMANENT**

Backfill Material(s) Used: Excavated Material Compacted Granular Aggregate Slurry Flowable Fill

Surface Material(s) Used: **Thickness:**

INDICATE NORTH 



Existing Surface(s):

Concrete

Asphalt

Asph./Conc.

Gravel

Grass

Other: _____

Size of Excavation(s)

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

Inspection: **N/A** Inspected By: _____ Date: _____ Pictures taken

Measured Quantities:

Sidewalk Removed: (_____ ft) x (_____ ft) = _____ Sq. Ft.

Sidewalk Constructed: (_____ ft) x (_____ ft) = _____ Sq. Ft.

Inspector to describe what work was performed: _____

This permit approval is subject to the following conditions:

1. Permittee is responsible to obtain any further permits that may be required for this project.
2. Permittee shall install the proposed facilities as shown on the plan(s) that were submitted to the City of Sheboygan Falls.
3. The field representative shall have a copy of the approved permit on-site at all times.
4. Any facilities installed as part of this permit shall be installed at least 5 feet from all existing city facilities, wherever feasible.
5. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL CITATION if conditions of the permit are not met.
6. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period the obstruction is permitted.

This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described herein. The applicant, in exchange for receiving this permit, warrants that all street excavations shall be performed in conformity to City ordinance, standards and specifications, be properly barricaded and lighted, and be performed in a workmanlike manner. In the event that the City Specifications and/or permit conditions are not followed, the applicant agrees to assume liability for any costs incurred by the City for corrective work required to bring the subject area into compliance with said Specifications. By applying for and accepting this permit, permit holder agrees to assume liability for any and all damages resulting from his occupancy, use or excavation of the street or premises. No work shall commence prior to approval of this permit by the Department of Public Works.

The applicant shall make all permanent or temporary repairs to any/all excavations caused by the work done herein as directed by the City. All repairs shall be done in accordance with standards and specifications in place at the time this permit is issued. My signature, as the applicant/permittee, acknowledges that I have read the above, understand the same and agree to be bound by the terms herein.

APPROVED BY: _____ **DATE:** _____

(Department of Public Works)