

*Additional fees may be charged if an open cut in a public street occurs or if repairs of a public street are required. If any street is required to be open/cut into, the Department of Public Works (DPW) must be notified. Please contact the DPW Field Coordinator, Tim, at (920) 980-1075 BEFORE any street openings or repairs are scheduled or started.



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 Facility Owner Property Owner 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 New Replacement Repair 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: _____")	<input type="checkbox"/> 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 *(To be determined by City prior to issuing permit)*

Required under this permit: Temporary Permanent None

Material(s): _____" Asphalt _____" Concrete _____" Base Aggregate 1-1/4 Inch Grass / Other:

Backfill Requirements: Excavated Material Compacted Granular Aggregate Slurry

Additional Requirements *(Department use only)*

<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 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:** _____

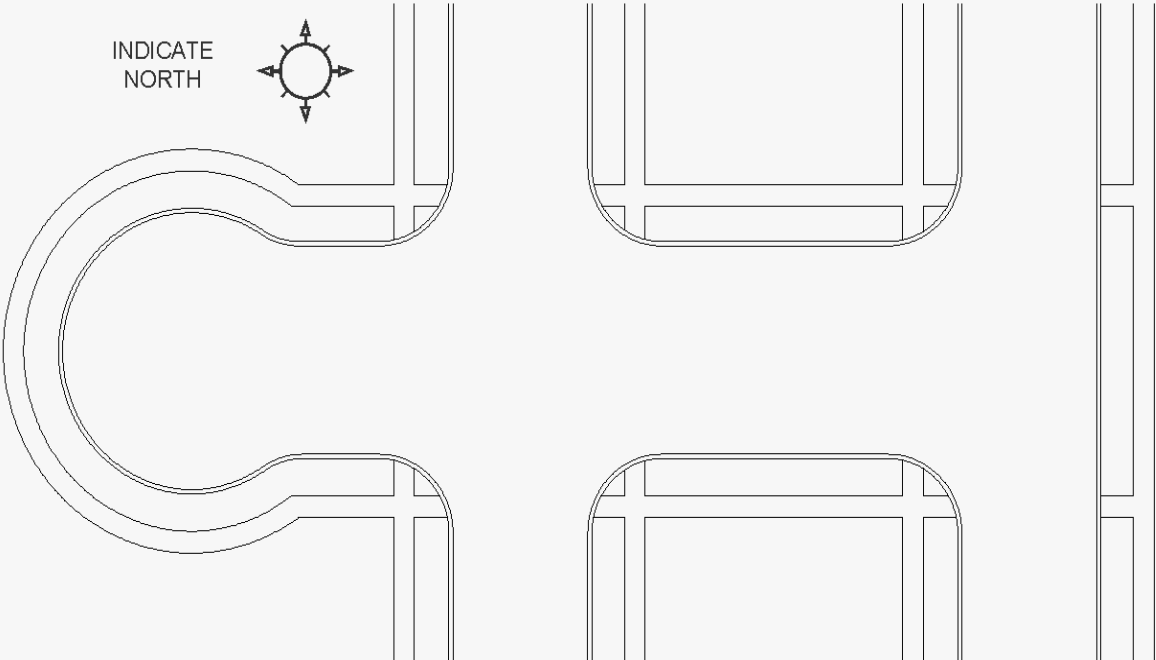
FIELD NOTES *(Department use only)*

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)