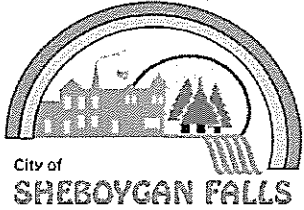


\*Additional fees may be charged if an open cut in a public street occurs or if repairs of a public street are required. If any street is required to be open/cut into, the Department of Public Works (DPW) must be notified. Please contact the DPW Field Coordinator, Tim, at (920) 980-1075 BEFORE any street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



# PROPERTY OWNER 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: \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>Utility Construction (Type):</b>              | <b>Utility Construction (Description):</b>                          | <b>Sidewalk / Driveways / Landscaping / Other</b>                  |
| <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          | <b>Installation Method</b>  | <b>Property Type</b>   |
| <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"/> <b>Inspection</b>   | <input type="checkbox"/> <b>Re-Inspection</b> |
| <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 301.</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:<br>_____<br>_____ |
| <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)*


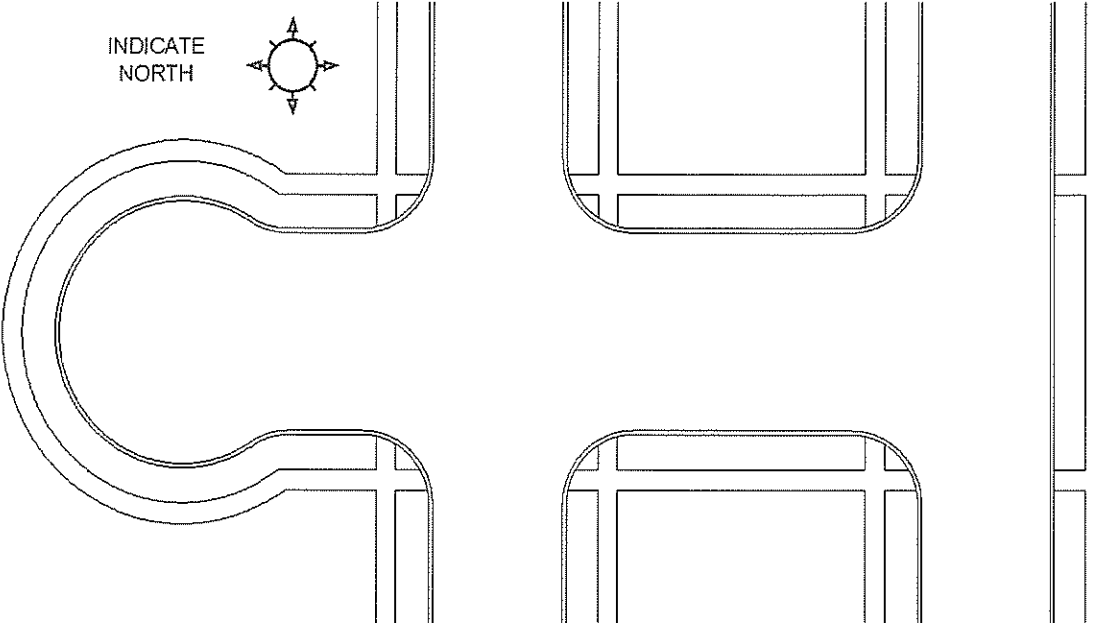
**Surface Restoration:**     **TEMPORARY**     **PERMANENT**

**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:** \_\_\_\_\_  
 (Department of Public Works)

**DATE:** \_\_\_\_\_