

TOWN OF MANITOWOC RAPIDS UTILITY PERMIT

TOWN OF MANITOWOC RAPIDS HIGHWAY DEPARTMENT APPLICATION/PERMIT to CONSTRUCT, OPERATE, and MAINTAIN UTILITIES WITHIN ROAD RIGHT-OF-WAY	LOCATION INFORMATION
Applicant/Company:	Town Road(s):
Address:	Town of Manitowoc Rapids
Office Phone:	_____ 1/4 of the _____ 1/4 Sec T ___ N R ___ E
Local Phone & Pager:	ADDITIONAL INFORMATION
Plans Prepared By:	Annual Service Connection Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's Phone:	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.)

Temporary Draglines Roadside Transfer Permanent Piping

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 Manitowoc County Utility Accommodation Policy 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 Manitowoc County Utility Accommodation Policy 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 **General Permit Fee: \$50**

By: _____ (Authorized Representative for Town) _____

(Title) (Date)

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

TOWN OF MANITOWOC RAPIDS HIGHWAY DEPARTMENT

COMPLETION CERTIFICATE
(For Utility Permits)

Mail or Email to Address Listed Below

Date _____

TO: TOWN OF MANITOWOC RAPIDS HIGHWAY DEPARTMENT
8624 CTH JJ
MANITOWOC, WI 54220
ATTN: JEREMY STRADAL
PHONE: 920-682-3300

E-MAIL: townofmtwcrapids@gmail.com

FROM: _____

ADDRESS: _____

CONTACT: _____

FAX: _____

PHONE: _____

PERMIT NO.: _____

The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.

Signature: _____