



TOWN OF SHELBY

2800 Ward Avenue La Crosse, WI 54601

 608.788.1032
 608.788.6840
 info@townofshelbywi.gov
 www.townofshelbywi.gov
 www.facebook.com/townofshelby

Excavation/Obstruction of Right-of-Way Application

Name: _____ Phone Number: _____

Address: _____

Email: _____

Area and Size to be Excavated or Obstructed: _____

Purpose of request: _____

_____ Drawing/Map of the area must be submitted with the application.

_____ Deposit (if required) | \$ _____ Deposit Amount

** Applicant is Responsible for contacting Diggers Hotline, obtaining Waivers from Utility Companies, obtaining permits from Erosion Control and necessary safety precautions including safety cones.

** No Blocking Driveways

Start Date: _____ End Date: _____ *2 Week Limit

Company Name: _____ Phone Number: _____

Signed: _____ Date: _____

OFFICE USE ONLY

Application Received By: _____ Date: _____

Deposit Received By: _____ Date: _____

APPROVED/DENIED By: _____ Date: _____