**Town of SHELBY, LA CROSSE County**

**APPLICATION/PERMIT to CONSTRUCT, OPERATE,  
and MAINTAIN UTILITIES WITHIN HIGHWAY  
RIGHT-OF-WAY**



|  |  |
| --- | --- |
| Applicant/Company: |  |
| Address: |  |
|  |  |
| Office Phone: |  |
| Cell Phone: |  |
| Plans Prepared By: |  |
| Company: |  |
| Phone: |  |
| Email: |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LOCATION INFORMATION** | | | | | | | | | | |
| Highway(s): | |  | | | | | | | | |
|  | | | | |  | | | | | |
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| **ADDITIONAL INFORMATION** | | | | | | | | | | |
| Annual Service Connection Permit? Yes No | | | | | | | | | | |
| Utility Work Order # | | | |  | | | | | | |
| Fee Required? | | | Yes 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.)

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 Utility Accommodation Policy of the above-named Town 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.

**The Applicant acknowledges reciept of and agrees to the indemnification requirements enclosed with this permit form: \_\_\_\_\_\_(Initial)**

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)  
 **OFFICE USE ONLY ON PAGE 2**

**PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved, and permit issued by the Town subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named Town including the Indemnification as included in Section 3 of the Utility Accommodation Policy in effect on the date of this application and as appended to this permit.

Supplemental Provisions Attached:       Yes       No

**FEE RECEIVED: $**

By: **CHECK NUMBER:**

(Authorized Representative for Town)

**DATE ISSUED:**

(Title) (Date)

**HWY PROJECT #:**

Date Revised: \_\_\_/\_\_\_/20\_\_\_ **PERMIT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**