

Marinette County, 501 Pine St., Peshtigo, WI 54157
Phone: 715-582-3771

Non-Refundable Permit Fee: \$100.00
To be filled out by applicant

**PERMIT TO CONSTRUCT, MAINTAIN OR REPAIR
UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY**

Highway _____
Town _____
Village or _____
City of _____
Sec _____ 1/4 of _____ 1/4, Sec. _____ T __ N R __ E

REQUEST BY APPLICANT:

Name: _____

Address: _____

Office Phone: _____

Local Phone: _____

Plans Prepared By: _____

Preparer's Phone: _____

DESCRIPTION OF PROPOSED WORK:

UTILITY TYPE:

<input type="checkbox"/> Electric	<input type="checkbox"/> Gas/Petroleum	<input type="checkbox"/> Communications	<input type="checkbox"/> Water
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Transmission	<input type="checkbox"/> Private Line	<input type="checkbox"/> Distribution
<input type="checkbox"/> Service	Facility Size/Capacity: _____		

ORIENTATION:

<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	<input type="checkbox"/> Parallel to HWY Centerline
<input type="checkbox"/> HWY Crossing	<input type="checkbox"/> Bridge Attachment	<input type="checkbox"/> Tunnel

WORK TYPE:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Improve/Repair Existing	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Removal	<input type="checkbox"/> Abandon in Place	

CONSTRUCTION
METHOD(S):

<input type="checkbox"/> Plow	<input type="checkbox"/> Trench	<input type="checkbox"/> Bore	<input type="checkbox"/> Suspend on Poles/Towers
<input type="checkbox"/> Open Cut HWY	<input type="checkbox"/> Cased	<input type="checkbox"/> Tree Cutting/Removal	
<input type="checkbox"/> Chemical Treatment of Trees/Brush	Erosion Control Designation <input type="checkbox"/> Major <input type="checkbox"/> Minor		

Provide additional narrative if needed:

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION:

Estimated starting date: _____

Estimated restoration date: _____

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of Marinette County Utility Policy hereof, 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 Authorized Utility Representative)

Title: _____

Date: _____

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 herein and of the Marinette County Utility Policy hereof, and all attachments hereto.

Other Special Provisions:

By: _____
(Signature of Authorized Permitting Authority Representative)

Title: _____

Date: _____

KEY: R/W = right-of-way P/L = property line S = service u = pedestal, pole or valve

