

Pierce County Highway Department
621 W. Cairns St., PO Box 780, Ellsworth, WI 54011
Email: highwaydept@co.pierce.wi.us
Telephone: (715) 273-5096
Application/Permit to Construct, Operate, and Maintain Utilities
within Highway Right-of-Way

Application/Company:

Address: _____
Office Phone: _____
Local Phone & Pager: _____
Plans Prepared by: _____
Preparer's Phone#: _____
Email Address: _____

<p align="center"><u>Location Information</u></p> <p>Highway(s): _____ Town/Village/City of: _____ _____ ¼ of the _____ ¼ Sec _____ T _____ N _____ R _____ W</p> <p align="center"><u>Additional information</u></p> <p>Annual Service Connection Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Utility Work Order# _____</p> <p>Fee Amount Required \$ _____ (Permit fee and first 200 feet segment parallel to center line \$75.00 Each additional 1,000 feet segment parallel to centerline \$55.00)</p>

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:* _____

ORIENTATION: Overhead Underground Parallel to Hwy centerline Hwy crossing Tunnel
 Bridge attachment

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 information and/or distance of installation parallel to centerline:

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 county 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 noted attached hereto and made apart 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 Phone #)

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 Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodations Policy In effect on the date of this application.

Supplemental Provisions Attached: Yes No

By: _____
(Authorized Representative for County)

(Title) (Date)

FEE RECEIVED: \$ _____ CHECK NUMBER: _____ DATE ISSUED: _____ PERMIT NUMBER: _____
