

# JACKSON COUNTY HIGHWAY DEPARTMENT

APPLICATION/PERMIT TO CONSTRUCT, MAINTAIN,  
AND OPERATE UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY

Applicant/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Local Phone & Pager: \_\_\_\_\_

Plans Prepared by: \_\_\_\_\_

Preparer's Phone: \_\_\_\_\_

## LOCATION INFORMATION

Highway(s): \_\_\_\_\_

Town / Village / City of: \_\_\_\_\_

\_\_\_\_\_ ¼ of the \_\_\_\_\_ ¼ Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ W/E

## 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  Tree Cutting/removal  
 Cased  Chemical Treatment of Trees/brush *Erosion Control Designation:*  Major  Minor

Provide additional narrative if needed: \_\_\_\_\_

NAME AND PHONE NUMBER OF UTILITY PERSON 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 Jackson County Utility 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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Authorized Representative)

(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Applicant/Company Representative Phone 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 Jackson County Utility Accommodation Policy including the Indemnification as included in 96.03 of the Jackson County Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions attached:  YES  NO

BY: \_\_\_\_\_  
(Signature of Authorized Representative)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 9/8/00

Fee Received: \$ \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Dated Issued: \_\_\_\_\_  
Hwy Project #: \_\_\_\_\_  
Permit Number: \_\_\_\_\_