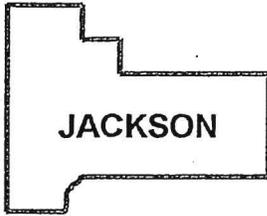


# Permit Application for Minor Alterations on Highway Right-of-Way



## Jackson County Highway Department

119 Harrison Street, Black River Falls, WI 54615

Ph: 715.284.0233 Fax: 715.284.0261

Pursuant to Sections 83.018, 86.105, 83.035 and such other Wisconsin Statutes as apply.

Complete ALL sections; an incomplete application will be returned without processing. If item does not apply please indicate as such.

### APPLICANT:

Name:	Name of Contractor:
Address:	Address:
City:	City:
State:                      Zip Code:	State:                      Zip Code:
Telephone:	Project Starting Date:
Fax:	Project Completion Date:
Location of Alteration: (distance from nearest cross road) feet, North-South-East-West of Hwy/Road                      Quadrant: Sec. ____; T ____ N; R ____ E/W	

Description of proposed alteration (Be specific, attach any drawings, sketches, etc. necessary to clarify work.)


### ACCEPTANCE OF CONDITIONS

I, the above named applicant, certify, that the statements contained in this application are true and correct, and that I have read and understand the conditions stated in the permit, and that I will comply with all the terms and conditions as they apply.

Signature of Applicant:

Date:

**RETURN SIGNED PERMIT TO ABOVE ADDRESS A MINIMUM OF TEN (10) DAYS PRIOR TO START OF WORK.**

### Office Use Only

### Permit Conditions and Provisions:

Pursuant to the Wisconsin Statutes, this permit, if issued, is granted to allow performance of the specific work described herein. The following standard provisions and any included special provisions shall govern and shall take precedence over any conflicting reference. (See back)

Explanation of  
Special  
Conditions:

Permit Number:	Fees (if any):
Effective Date:	Expiration Date:

Approved     Denied; Reason:

BY: JACKSON COUNTY HIGHWAY DEPARTMENT

Authorized Signature:

Title:

Date:

c: Patrol Superintendent / Sheriff's Department/ File