

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: _____
 E-Mail Address: _____

LOCATION INFORMATION

Highway(s): _____
 Town/Village/City of: _____
 ____ 1/4 of the ____ 1/4 Sec ____ T ____ N,R ____ W/E

Additional Information

Annual Service Connection Permit? Yes No
 Utility Work Order #: _____
 Standard Permit Fee \$50.00, Includes 200 Linear Feet.
 Beyond 200' add \$0.10 per linear foot. After the fact
 permit fee is \$100, plus \$0.20 per linear foot.
 Linear foot of utility? _____
 Calculated Fee Amount? _____

DESCRIPTION OF PROPOSED WORK (Check applicable boxes, fill out
 all that applies and attach the plan)

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 attach additional documents: _____

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) Authorized Applicant/Company Representative (Phone Number)

Permits can be faxed to 715-284-0261 or emailed to: JCHIGHWAY@JACKSONCOUNTYWI.GOV

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: NO YES ATTACHED PLAN

Field Reviewed BY: _____ Linear Foot _____

Approved BY: _____
(Signature of Authorized Representative)

Title: _____ Date: _____

Total Fee \$: _____
 Fee Received: \$ _____
 Check Number: _____
 Date Issued: _____
 Hwy Project #: _____
 Permit #: _____