



EXCAVATION IN THE RIGHT-OF-WAY PERMIT

Date Issued: _____

Email Permit - clerk@arborvitae.wi.gov

Applicant Information * Contractor Utility Owner **(Applicant shall be either Contractor or Utility Owner)**

Name (print): _____ Company: _____
 Address: _____ Telephone: _____ Fax: _____
 _____ E-mail: _____

Applicant Signature: _____ **Date:** _____

Contractor/Utility Owner * (If Different from Applicant) Contact Name: _____
 Contractor to Perform Work: _____ Cell Number: _____

Additional subcontractors shall be listed on page 2.

Location of Work * Address: _____ Street Excavation Terrace Excavation

Street: _____ From: _____ To: _____

Description of Work * New Replacement Repair Abandonment / Removal

General Description: _____
 Estimated start date: _____ Estimated completion date: _____

<u>Utility Construction (Type):</u>	<u>Utility Construction (Description):</u>	<u>Sidewalk / Driveways / Landscaping / Other</u>
<input type="checkbox"/> Gas	<input type="checkbox"/> Main Line (Size: _____ ")	<input type="checkbox"/> Sidewalk - No. Panels Removed _____
<input type="checkbox"/> Electric	<input type="checkbox"/> Service/Lateral (Size: _____ ")	<input type="checkbox"/> Sidewalk (complete)
<input type="checkbox"/> Telephone / Fiber Optic	<input type="checkbox"/> Tap (Size: _____ ")	<input type="checkbox"/> Driveway Approach
<input type="checkbox"/> Cable TV	<input type="checkbox"/> Valve (Size: _____ ")	<input type="checkbox"/> Curb Cut
<input type="checkbox"/> Utility Pole/Street Light	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Sanitary Sewer	<u>Installation Method</u>	<input type="checkbox"/> Core Sample
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Open Cut <input type="checkbox"/> Overhead	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Water	<input type="checkbox"/> Auger/Bore/Trenchless	

Additional Comments: _____

(*) ALL FIELDS WITH AN ASTERISK ARE TO BE COMPLETED BY THE CONTRACTOR/OWNER

Requirements

Construction Plan/Sketch **(required all permits)** Traffic Control Plan
 Erosion Control Plan

Surface Restoration Requirements

Required under this permit: Temporary Permanent None

Material(s): _____ " Asphalt _____ " Concrete _____ " Gravel Grass/other:

- Permit approval is subject to the following conditions:**
1. The Applicant is responsible to obtain any further permits that may be required for this project.
 2. The Applicant shall install the proposed facilities as shown on the plan(s) that were submitted to the Town of Arbor Vitae.
 3. The field representative shall have a copy of the approved permit on-site at all times.
 4. Any facilities installed as part of this permit shall be installed outside the pavement structure or road bed and at least 6 feet from all existing town facilities, wherever feasible.
 5. The Applicant shall be responsible for locating and protecting other utilities prior to excavation including municipal storm sewer pipes and structures.
 6. This permit is subject to IMMEDIATE REVOCATION if the conditions of this permit are not followed or if unfavorable traffic conditions develop.
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The applicant, in exchange for receiving this permit, warrants that all street excavations shall be performed in conformity to Town ordinance, standards and specifications, be properly barricaded and lighted, and be performed in a workmanlike manner. In the event that the Town Specifications and/or permit conditions are not followed, the applicant agrees to assume liability for any costs incurred by the Town for corrective work required to bring the subject area into compliance with said Specifications. By applying for and accepting this permit, permit holder agrees to assume liability for any and all damages resulting from his occupancy, use or excavation of the street or premises. No work shall commence prior to approval of this permit by the Town of Arbor Vitae.
The applicant shall make all permanent or temporary repairs to any/all excavations caused by the work done herein as directed by the Town. All repairs shall be done in accordance with standards and specifications in place at the time this permit is issued.

Additional Comments _____
from Town: _____
APPROVED BY: _____ **DATE:** _____

Additional subcontractors (required if applicable)

<u>Subcontractor</u>	Contact Name: _____
Contractor to Perform Work: _____	Cell Number: _____
<u>Subcontractor</u>	Contact Name: _____
Contractor to Perform Work: _____	Cell Number: _____
<u>Subcontractor</u>	Contact Name: _____
Contractor to Perform Work: _____	Cell Number: _____

Construction plan/sketch (unless otherwise attached)