

Town of Troy

N8870 Briggs Street, East Troy, WI 53120

Phone: 262-642-5292; Fax: 262-642-5227

E-mail: clerktreas@townoftroy.com

Right-of-Way Construction Permit

Application Date _____ Utilities Job# _____

Application Fee \$ 100 .00 /Permit Enclosed _____ YES _____ NO

Applicants Name & Signature _____

Applicants Address _____

Contact Person _____ Title _____

Office Phone (____) _____ FAX (____) _____ Cell# (____) _____

Plans Prepared BY _____ Copy of Plans must be enclosed

Any obstructions (poles,tubs,pedestals,etc.) that may interfere with the Town's maintenance of the Right-of-Way must be located a minimum of 12 feet from shoulder of road and be shown on plans. Location of obstructions must be approved by Town's Road supervisor. Obstructions location may need to be relocated on site with the job foreman's approval, after contracting the proper utility. Town's Road Supervisor may be reached or message left at 262-642-5293

Type of Utility Installation _____

Road Name of Construction Area _____

Utility Location is: _____ to cross right-of-way _____ parallel to right-of-way
_____ overhead _____ underground

Proposed Method of Installation: _____ tunnel _____ jack&bore _____ plow _____ trench
_____ open cut _____ cased _____ suspend of poles _____ suspend on towers

Estimated Starting Date _____ Estimated Restoration Date _____

It is understood and agreed that approval of this permit is subject to the applicant's full compliance with all applicable statuses, rules and regulations of the Wisconsin Department of Transportation's Policy for the accommodations of Utilities on Highway right-of-way, current edition, the local county, city, town or village municipal permitting authorities and their specified provisions and any and all jurisdictional agencies.

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 herein. Other Special Provisions Listed On Back Or Attached To This Form. _____ YES _____ NO

FOR OFFICE USE ONLY:

BY _____ TITLE _____ DATE _____