

**RICHLAND TOWNSHIP APPLICATION PERMIT TO  
CONSTRUCT, OPERATE, AND MAINTAIN UTILITIES  
WITHIN TOWN ROAD  
RIGHT-OF-WAY**

APPLICANT INFORMATION	
Applicant/ Company:	_____
Address:	_____
Phone:	_____
Plans Prepared By:	_____
Preparer's Phone:	_____

LOCATION INFORMATION	
Highway(s):	_____
Town of Richland, Richland County WI	_____
1/4 of the ___ 1/4 Sec. __ T. __ R. _	_____
ADDITIONAL INFORMATION	
Annual Service Connection Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Work Order#	_____
Fee Required?	<input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____

DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)	
UTILITY TYPE: <input type="checkbox"/> Electric <input type="checkbox"/> Gas/Petroleum <input type="checkbox"/> Communications <input type="checkbox"/> water <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Service	_____
<input type="checkbox"/> Transmission <input type="checkbox"/> Distribution <input type="checkbox"/> Private Line	Facility Size/Capacity: _____ (Diameter, #fibers, psi, Kv, etc.)
ORIENTATION: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Parallel to Hwy Centerline <input type="checkbox"/> Hwy Crossing <input type="checkbox"/> Bridge attachment <input type="checkbox"/> Tunnel	_____
WORK TYPE: <input type="checkbox"/> New Construction <input type="checkbox"/> Improve/repair existing <input type="checkbox"/> Maintenance <input type="checkbox"/> Removal <input type="checkbox"/> Abandon in place	_____
CONSTRUCTION METHOD(S): <input type="checkbox"/> Plow <input type="checkbox"/> Trench <input type="checkbox"/> Bore <input type="checkbox"/> Suspend on poles/towers <input type="checkbox"/> Open Cut Hwy <input type="checkbox"/> Cased	_____
<input type="checkbox"/> Tree cutting/removal <input type="checkbox"/> Chemical treatment of trees/brush	_____
Erosion Control Designation: <input type="checkbox"/> Major <input type="checkbox"/> Minor	_____
PROVIDE ADDITIONAL NARRATIVE IF NEEDED:	_____
NAME AND NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION:	_____
DATES: Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____	_____
ACCEPTANCE/CONDITIONS: The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Policy of the above-named town in effect at the time of this application, and with special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto are made a part thereof.	_____
SIGNATURES:	_____
Signature of Applicant/Company Authorized Representative _____ Title _____ Date _____	_____
Typed/Printed Name of Person Signing Above _____ Authorized Applicant/Company Representative Telephone 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 Utility Policy of the above-named town including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect of the date of this application.	
Supplemental Provisions Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	FEE RECEIVED: _____ \$
By: _____	CHECK NUMBER: _____
Signature of Authorized Representative for Township	DATE ISSUED: _____
_____	HWY PROJECT#: _____
Title _____ Date _____	PERMIT NUMBER: _____