EXCAVATION WITHIN RIGHT-OF-WAY PERMIT

City of Augusta

145 W Lincoln Street

PO BOX 475

Augusta, WI 54722

Permit No:

Locate No:

Date:

CONTRACTOR

NAME:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE_____

PHONE:_____ CELL:_____ EMAIL:_____

UTILITY/HOMEOWNER:_____

PROJECT

LOCATION OF EXCAVATION:_____

NUMBER OF TRAFFIC LANES THAT WILL BE USED/CLOSED:_____ NUMBER OF PARKING LANES THAT WILL BE USED/CLOSED:_____

PURPOSE OF EXCAVATION (CHECK ALL THAT APPLY): ____WATER ____SEWER ___GAS ____ELECTRICAL ____COMMUNICATIONS ____OTHER

ESTIMATED START DATE:_____ COMPLETION DATE:_____

_____

The undersigned understand and agrees to the following: 1) The permitted work shall comply with all permit provisions and conditions listed on or attached to this form. The applicant agrees to comply with Section 6.04 "Street and Sidewalk Excavation and Openings". 2) That insurance requirement shall be met prior to approval by submitting information with application. 3) The applicant shall contact the public works department 24 hours prior to the closure of any traffic lanes and shall provide an estimate of the duration of closure. Temporary traffic control shall be provided and maintained by the applicant. 4) Once invoiced, application fees may not be refunded.

_____ _____ _____

(PRINT) AUTHORIZED REPRESENTATIVE TITLE DATE

_____

(SIGN) AUTHORIZED REPRESENTIVE

OFFICE USE ONLY

PERMIT ISSUED BY:_____

PERMIT CONDITIONS:_____

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