TOWN OF MAZOMANIE

APPLICATION FOR PERMIT TO WORK IN TOWN ROAD RIGHT-OF-WAY

This permit is required and shall be issued in accordance with the provisions of the Town of Mazomanie Ordinance 2024-2

**APPLICANT INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Contact Name Email Address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address City State Zip Code

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Office Phone Alternate Phone Fax Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Permit Mailing Address City State Zip Code

(if different from above)

**CONTRACTOR INFORMATION** – **Certificate of Insurance showing the Town as an additional insured is required for contractor.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Contact Name Email Address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Office Phone After Hours Phone (required) Fax Number

**PROPOSED WORK**

Town Road where right-of-way is located: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plans Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy Enclosed: Yes [ ]  No [ ]

Type of Installation (gas, fiber, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Location is: Method of Installation:

[ ]  To cross right-of-way [ ]  Tunnel [ ]  Jack and Bore

[ ]  Parallel to right-of-way [ ]  Trench [ ]  Drill

[ ]  Overhead – suspended on poles [ ]  Plow [ ]  Open Cut

[ ]  Overhead – suspended on towers [ ]  Cased

[ ]  Underground

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | Completion Date | **Notify Town Hwy Superintendent of any changes to dates and upon completion of work.** | Will pavement be disturbed?[ ]  Yes[ ]  No  |

**PERMIT CONDITIONS & SIGNATURE**

The applicant acknowledges that they have read and understand the requirements for obtaining a permit to work in the Town Road right-of-way pursuant to Town Ordinance 2024-2. By signing this application, the applicant agrees the Town of Mazomanie may establish additional provisions prior to application approval. Applicants shall receive notification of any special provisions.

The applicant further understands and agrees that the permitted work shall comply with all permit provisions and conditions listed on the following page, any special provisions, and any and all plans, details or notes attached hereto are made part hereof. pplicant will notify the Town Highway Superintendent upon completion of work.

By: \_\_\_\_\_\_\_\_\_\_ Date:

 Signature of Applicant / Representative or

 Project Manager

 \_Phone:

 Print Name and Title

**Notes regarding restoration:** All affected areas must be restored to a condition as good or better than existed prior to disruption. Restoration of trench walls shall be sloped (rather than vertical) and trench compaction shall be as good as prior to disruption. The Permit Holder shall re-use native fill materials below the pavement to the full extent possible to avoid possible differential frost heave. The Permit Holder shall notify the Highway Superintendent upon completion of work. If restoration is not complete to the satisfaction of the Highway Superintendent or Town Engineer within the time specified, the Town may cause such restoration to occur and bill the Permit Holder for any costs incurred by the Town to complete the restoration.

*Submit completed application and attachments using any of the following methods:*

Mail to: Email to: Fax to:

TOWN OF MAZOMANIE twnmazo@gmail.com 608-795-2491

711 West Hudson Street

Mazomanie, WI 53560

**\*\*APPLICATIONS ARE NOT COMPLETE AND WILL NOT BE PROCESSED UNTIL $300 APPLICATION FEE IS RECEIVED\*\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved and permit is issued by the Permitting Authority subject to full compliance by Applicant and Contractor with all provisions and conditions stated herein and all attachments hereto.

By: Date:

 Signature of Authorized Authority

**ALL RESTORATION WORK MUST BE COMPLETED WITHIN 30 DAYS OF COMPLETION OF THE PERMITTED WORK.**

Additional Conditions: