TOWN OF LAWRENCE . WI 54115 Ph: (920)336-9131 Fax: (920) 336-9193

	2400 Shauy Ct.					ADDITOATION	(920	) 330-9193														
UTILITY PERMIT APPLICATION  Construct / Operate / Maintain Utilities Within Town Right-of-Way																						
APPLICANT/COMPANY INFORMATION																						
Applicant/Company	y Name:																					
Current address:																						
City:			Stat	te:			ZIP (	Code:														
Phone:			Ema	ail:																		
Plans prepared by:							Phon	e:														
LOCATION INFORMATION																						
Name of Town Roa	ad(s):																					
Closest Intersection	n:																					
ADDITIONAL INFORMATION																						
Annual Service Cor	nnection Permit?	Yes			No			Utility Work Order #	:													
Fee Required?		Yes			No		_	Amount Due: \$														
Certificate of Insur	ance?	Yes			No			Security Deposit	Check No													
DESCRIPTION OF PROPOSED WORK           Utility Type:         ☐ Electric         ☐ Gas/Petroleum         ☐ Communications         ☐ Water         ☐ Sanitary Sewer																						
Utility Type:	☐ Electric	☐ Gas/P	etrole	eum		☐ Communications		□Water	□Sanitary	Sewer												
☐ Private Line	Transmission	☐ Distrib	☐ Distribution			Service Facility Size/Capacity:																
Orientation:	☐ Overhead	Underground				☐ Parallel to Road Centerline ☐ Town Road ☐ Tunnel					el											
	☐ Bridge Attachment																					
	bridge Attachment																					
Work Type:	☐ New Construction					☐ Improve/Repair Existing ☐ Maintenance																
	☐ Removal	☐ Abandon in Place																				
Construction: Methods	Plow	☐ Trencl	:h			Bore		Cased														
	☐ Suspend on Poles/Towers	vers				☐ Open Cut Road																
☐ Tree Cutting/Re	<u> </u>	☐ Chemi	ical T	reatr		·	n Cor	trol Measures Taken	Yes	1	No											
☐ Tree Cutting/Removal ☐ Chemical Treatment of Trees/Brush ☐ Erosion Control Measures Taken Yes / No  ALL OTHER INFORMATION																						
Any/All Other Infor	rmation:																					
Name of Utility Rep	presentative Responsible for Cor	Phone:																				
Estimated Starting Date: Estimated Completion / Restoration Date:																						
SIGNATURES																						
The applicant understand				rmit nr	rovisions and co	nditions of the Litility Assemmed		C + L L		the time	of this											
	ds and agrees that the permitted work sha	II comply with	h all pe	I nlans	details or not	es attached hereto and made a n	ation Po	olicy of the above-hamed 10 reof	wn in errect at	application, and with any special provisions listed below or attached hereto, and any all plans, details, or notes attached hereto and made a part thereof.  Signature of applicant:  Date:												
	special provisions listed below or attached	II comply with d hereto, and	n all pe I any al	ll plans	s, details, or not	es attached hereto and made a p	art the	reof.	wn in errect at		FOR OFFICE USE ONLY											
	special provisions listed below or attached	d hereto, and	l any al	ll plans	,	es attached hereto and made a p	art the	reof.	wn in errect at													
	special provisions listed below or attached	d hereto, and	or al	II plans	FFICE U	JSE ONLY	art the	reof.	wn in effect at													
Signature of app  The foregoing application above-named Town inclu	plicant:  n is hereby approved and permit issued by diding the Indemnification as included in 96	f the Permit Au	OR Is authority CHA Ut	N OF	FFICE UING JURIS	JSE ONLY DICTION iance by the Applicant with all pre	Date  Date	eof.  a:  a and conditions in the Utility		on Policy	of the											
Signature of app	plicant:  n is hereby approved and permit issued by diding the Indemnification as included in 96	f the Permit Au	FOR  IS  Luthority CHA Ut	Il plans	FFICE UING JURIS	JSE ONLY DICTION iance by the Applicant with all prololicy in effect on the date of this	Date  Date	eof.  a:  a and conditions in the Utility		on Policy	of the											
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The foregoing application above-named Town inclu-Other Permit Information  FEES: Fee Received:	n is hereby approved and permit issued by ding the Indemnification as included in 96 n Attached:  Yes	the Permit At .03 of the WC /	FOR  Isuthority CHA Ut No  PEI	SSUI SSUI y subjectility Ac	FFICE UING JURIS ect to full completecommodation P	JSE ONLY DICTION Indicate the Applicant with all profolicy in effect on the date of this  BY:	Date  Date  Disconsisions applica	eof.  a:  a and conditions in the Utility	/ Accommodation													

Permit #: