MANITOWOC COUNTY HIGHWAY DEPARTMENT
APPLICATION/PERMIT TO CONSTRUCT, OPERATE, AND MAINTAIN UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY

Applicant/Company: _____

Address: _____

_____

Office Phone: _____

Local Phone & Pager: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION

Highways(s) _____

Town/Village/City of:

_____

____1/4 of the____1/4 Sec ___T___N___R__E

ADDITIONAL INFORMATION

Annual Service Connection Permit?
☐Yes ☐No
Utility Work Order#_____
Fee Required? ☐Yes ☐No Amount $_____

DESCRIPTION OF PROPOSED WORK (Check & fill out all that apply)

UTILITY TYPE	☐Electric	☐Gas/petroleum	☐Communications
	☐Water	☐Sanitary sewer	☐Private line
	☐Transmission	☐Distribution	☐Service *facility size/capacity*_____
ORIENTATION:	☐Overhead	☐Underground	☐Parallel to hwy centerline
	☐Hwy crossing	☐Bridge attachment	☐Tunnel
WORK TYPE:	☐New construction	☐Improve/repair existing	☐Maintenance
	☐Removal	☐Abandon in place	
CONSTRUCTION METHODS:	☐Plow	☐Trench	☐Bore
	☐Suspend on poles/towers		☐Open cut hwy
	☐Cased	☐Tree cutting/removal	☐Chemical treatment-trees/brush
Erosion Control Designation:	☐Major ☐ Minor		

Provide additional narrative if needed:_____
NAME & PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION
_____
Estimated start date:___/___/____ Estimated completion/restoration date:___/___/____
The applicant understands and agrees that the permitted work shall comply with all permit provisions & conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application and with any special provisions listed below or attached hereto, and any plan, details, or notes attached hereto and made a part thereof.

By:_____ _____/___/_____
(Signature of Applicant/Co. Authorized Representative) (Title) (Date)

_____ _____
(Type/print name of person signing above or electronic signature code) (Authorized applicant.Co. Rep. Phone no.)

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL BY PERMITTING AURHORITY

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 Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached: ☐Yes ☐No

General Permit Fee:	**$150**
Annual Service Fee:	**$100**
Open Cut Permit Fee:	**$500**

By:_____
(Authorized Rep. for Highway Dept)

_____/___/___/
(Title) (Date)

FEE RECEIVED: $_____

CHECK NO.:_____

DATE ISSUED:____/____/____

HWY. PROJECT #_____

PERMIT NO._____

Comments/Special Provisions:_____