

**TOWN OF LEDGEVIEW**  
3700 Dickinson Road  
De Pere WI 54115  
Ph: 920-336-3360 Fax: 920-336-8517

**APPLICATION/PERMIT to CONSTRUCT, OPERATE  
and MAINTAIN UTILITIES WITHIN TOWN RIGHT-OF-WAY**

Applicant/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Local Phone/Pager: \_\_\_\_\_  
Plans Prepared By: \_\_\_\_\_  
Preparer's Phone: \_\_\_\_\_

**LOCATION INFORMATION**

Town Road(s): \_\_\_\_\_  
Closest Intersection: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Annual Service Connection Permit?  Yes  No  
Utility Work Order # \_\_\_\_\_  
Fee Required?  Yes  No  
Amount Due \$ \_\_\_\_\_  
 Security Deposit Check No. \_\_\_\_\_  
Certificate of Insurance?  Yes  No

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

UTILITY TYPE:  Electric  Gas/Petroleum  Communications  Water  Sanitary Sewer  Private Line  
 Transmission  Distribution  Service Facility Size/Capacity: \_\_\_\_\_  
diameter, # fibers, psi, Kv, etc.

ORIENTATION:  Overhead  Underground  Parallel to Road Centerline  Town Road  
 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 Road  
 Cased

Tree Cutting/Removal  Chemical Treatment of Trees/Brush Erosion Control Measures Taken  Yes  No

Provide additional narrative if needed: \_\_\_\_\_

Name and phone number of utility representative responsible for construction: \_\_\_\_\_

Estimated Starting Date: \_\_\_\_\_ Estimated Completion/Restoration Date: \_\_\_\_\_

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named Town in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

\_\_\_\_\_  
*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 Permit Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named Town including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Other Permit Information Attached:  Yes  No

\_\_\_\_\_  
*Authorized Representative for Town*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

Fee Received: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Road Project #: \_\_\_\_\_

Permit #: \_\_\_\_\_