

# Town of Troy

N8870 Briggs Street, East Troy, WI 53120

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## Right-of-Way Construction Permit

Application Date \_\_\_\_\_ Utilities Job# \_\_\_\_\_

Application Fee \$ 100 .00 /Permit Enclosed \_\_\_\_\_ YES \_\_\_\_\_ NO

Applicants Name & Email \_\_\_\_\_

Applicants Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_\_

Plans Prepared BY \_\_\_\_\_ Copy of Plans MUST be nclosed

Any obstructions (poles,tubs,pedestals,etc. ) that may interfere with the Town's maintenance of the Right-of-Way must be located a minimum of 12 feet from shoulder of road and be shown on plans. Location of obstructions must be approved by Town's Road supervisor. Obstructions location may need to be relocated on site with the job foreman's approval, after contracting the proper utility. Town's Road Supervisor may be reached, or message left at 262-642-5293

Type of Utility Installation \_\_\_\_\_

Road Name of Construction Area \_\_\_\_\_

Utility Location is: \_\_\_\_\_ to cross right-of-way \_\_\_\_\_ parallel to right-of-way  
\_\_\_\_\_ overhead \_\_\_\_\_ underground

Proposed Method of Installation: \_\_\_\_\_ tunnel \_\_\_\_\_ jack&bore \_\_\_\_\_ plow \_\_\_\_\_ trench  
\_\_\_\_\_ open cut \_\_\_\_\_ cased \_\_\_\_\_ suspend of poles \_\_\_\_\_ suspend on towers

Estimated Starting Date \_\_\_\_\_ Estimated Restoration Date \_\_\_\_\_

It is understood and agreed that approval of this permit is subject to the applicant's full compliance with all applicable statuses, rules and regulations of the Wisconsin Department of Transportation's Policy for the accommodations of Utilities on Highway right-of-way, current edition, the local county, city, town or village municipal permitting authorities and their specified provisions and any and all jurisdictional agencies.

### PERMIT APPROVAL BY PERMITTING AUTHORITY

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 herein. Other Special Provisions Listed on Back or Attached to This Form. \_\_\_\_\_ YES \_\_\_\_\_ NO

### FOR OFFICE USE ONLY:

BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_