

Town of Ixonia Right-of-Way Application

APPLICATION & PERMIT

TO CONSTRUCT, MAINTAIN AND OPERATE FACILITIES WITHIN THE TOWN OF IXONIA PUBLIC RIGHT-OF-WAY

Permit Number _____

Fee/Road Bond Required _____

Date Bond Payment Received _____

Roadway Name (and Address Where Applicable) _____

Nearest Intersecting Roadway _____

Direction and Distance (in feet) from Intersecting Roadway _____

Applicant's Name _____

Type of Facility Installation _____

Street Address _____

Plans Prepared By _____

Office Phone _____

Starting Date _____

Local Phone _____

Restoration Completion Date _____
(Not to exceed one year from starting date)

Name and Number of Person Responsible for Construction _____

Call DIGGERS-HOTLINE 3 work days before you dig (414)259-1181

CHECK ALL THAT APPLY:

- | | | |
|--|---|--|
| <input type="checkbox"/> across roadway | <input type="checkbox"/> suspended on towers | <input type="checkbox"/> signs |
| <input type="checkbox"/> parallel to roadway centerline | <input type="checkbox"/> natural gas/petroleum | <input type="checkbox"/> erosion control |
| <input type="checkbox"/> underground | <input type="checkbox"/> communications/tele/CATV/FO | <input type="checkbox"/> storm water management |
| <input type="checkbox"/> open cut | <input type="checkbox"/> electric power | <input type="checkbox"/> private entrance/culvert placement or removal |
| <input type="checkbox"/> trench/plow | <input type="checkbox"/> sanitary sewer | <input type="checkbox"/> public roadway intersection |
| <input type="checkbox"/> tunnel | <input type="checkbox"/> drinking or irrigation water | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> jack & bore | <input type="checkbox"/> fire department connection | |
| <input type="checkbox"/> cased | <input type="checkbox"/> storm sewer drain/culvert | |
| <input type="checkbox"/> horizontal directional drilling | <input type="checkbox"/> mains, leads & laterals | CONSTRUCTION TYPE: |
| <input type="checkbox"/> monitoring well place or remove | <input type="checkbox"/> structures (manholes, valves, etc) | <input type="checkbox"/> Major |
| <input type="checkbox"/> bridge attachment | <input type="checkbox"/> sump pump/downspout discharge | <input type="checkbox"/> Minor |
| <input type="checkbox"/> overhead | <input type="checkbox"/> tree/vegetation cutting | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> suspend on poles | <input type="checkbox"/> chemical treatment | <input type="checkbox"/> Temporary |

PERMIT APPROVAL BY PERMITTING AUTHORITY

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Town of Ixonia and any provisions listed below or attached hereto and any and all plans, details or notes attached hereto and made a part thereof. This issuance of this permit does not relieve the Applicant of obtaining permission or permits from other jurisdictions affected by this project. The Applicant shall comply with all applicable local, State and federal ordinances, policies, rules, statutes and laws.

Applicant: _____

Date: _____

Signature of Applicant

Approved by: _____

Date: _____

Name:

Title:

Permit Expiration Date: _____