

WCHA UTILITY POLICY

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

APPLICANT'S NAME _____

ADDRESS _____

OFFICE PHONE _____

LOCAL PHONE _____

LOCAL PAGER _____

TYPE OF UTILITY INSTALLATION _____

PLANS PREPARED BY _____

NAME AND PHONE NUMBER OF UTILITY PERSON

RESPONSIBLE FOR CONSTRUCTION _____

CHECK ALL THAT APPLY:

- | | | | | |
|--|---|---|---|--------------------------------|
| <input type="checkbox"/> to cross roadway | <input type="checkbox"/> overhead | <input type="checkbox"/> underground | <input type="checkbox"/> parallel to centerline of road | CONSTRUCTION |
| <input type="checkbox"/> tunnel | <input type="checkbox"/> trench | <input type="checkbox"/> open cut | <input type="checkbox"/> suspend on towers | |
| <input type="checkbox"/> jack & bore | <input type="checkbox"/> cased | <input type="checkbox"/> suspend on poles | <input type="checkbox"/> tree cutting/removal | <input type="checkbox"/> Minor |
| <input type="checkbox"/> bridge attachment | <input type="checkbox"/> water | <input type="checkbox"/> sanitary sewer | <input type="checkbox"/> telephone/communicator | |
| <input type="checkbox"/> gas/petroleum | <input type="checkbox"/> chemical treatment | | <input type="checkbox"/> other _____ | |

Estimated Starting Date _____ Estimated Restoration Date _____

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the _____ County Utility Policy 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.

BY _____
(Signature of Authorized Representative)

Title _____

Date _____

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 in the _____ County Utility Accommodation Policy including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Other Special Provisions:

BY _____
(Signature of Authorized Representative)

Title _____

Date _____

Fee, if required _____

RECEIVED OF _____

(Authorizing Agent Signature)