

ADAMS COUNTY HIGHWAY DEPT

**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	
Adams County Permit Number: _____	
Highway(s): _____	
Town/Village/City of: _____	
_____ ¼ of the _____ ¼ Sec _____ T N R E	
ADDITIONAL INFORMATION	
Utility Construction Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utility Service Construction Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Annual Service Connection Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utility Work Order # _____	
Fee Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____	

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 hwy centerline Hwy crossing Bridge attachment Tunnel

WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place

CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/towers Open cut hwy Cased
 Tree cutting/removal Chemical treatment of trees/brush *Erosion Control Designation:* Major Minor

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 county 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 Applicant/Company Authorized Representative) _____ (Title) _____ (Date)

(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (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 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

By: _____ (Authorized Representative for County)

_____ (Title) _____ (Date)

FEE RECEIVED: \$ _____
CHECK NUMBER: _____
DATE ISSUED: _____

Annual Service Connection Permit (ASCP)	\$100.00	Open Cuts Across Paved Roadways	\$250.00
Permit Application & Review Fee	\$25.00	Open Cut Bond	\$5,000.00
Inspection Fee per Permit	\$50.00	After the Fact Permit	\$500.00

**RETURN THIS COMPLETION CERTIFICATE
TO THE ADAMS COUNTY HIGHWAY DEPARTMENT
WHEN SITE IS RESTORED**

**COMPLETION CERTIFICATE
(For Utility Permits)**

Mail or Fax to Address Listed Below

Date _____

To: ADAMS COUNTY HIGHWAY DEPARTMENT

**ATTN: Patrick Pare
TELEPHONE: 608-339-3355
FAX: 608-339-4983
E-MAIL: patrick.pare@co.adams.wi.us**

COMPANY: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

CONTACT: _____

FAX: _____

TELEPHONE: _____

COUNTY PERMIT NO.: _____

UTILITY WORK ORDER # _____

The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.

Signature: _____

Printed Name: _____