

## **RIGHT-OF-WAY PERMIT - UTILITY**

P	ERN	/IIT	#:			

## **APPLICANT/COMPANY INFORMATION**

Applicant Name:	Contact Person
Address:	Phone:
City, State, Zip:	Plans Prepared By:
Email:	Phone:

## **CONTRACTOR INFORMATION**

Contractor Name:	Contact Person:			
Address:	Phone:			
City, State, Zip:				

## **SITE INFORMATION**

Street Address/Location Description:

(attach a copy of all plans & details)

Permit Type Fee			Permit Work Fee		
Service Installation / Replacement	\$10		Excavation in ROW outside of Street	\$50	
Small Utility Project ( < 750' of Roadway)	\$50		Excavation in ROW in Street	\$500	
Medium Utility Project ( 750' ≥ 2500' of Roadway)	\$75		Boring in ROW – Parallel to Road	\$0.10/ft	
Large Utility Project (≥ 2500' of Roadway)	\$100.00+ 0.05/ft		Boring under street – Perpendicular	\$100	
Total Fee:			*All fees waived for emergence excavations	y	1

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

DESCRIPTION	OF PROPOSED W	ORK							
	☐ Gas/Petroleum	☐ Electric		☐ Communications		☐ Sanitary			
Utility Type:	☐ Water	☐ Private Line		Transmission		Storm			
	☐ Distribution ☐ Other: _		er:						
	Overhead	Underground		Parallel to Road		Under/In			
Orientation	☐ Other:					Road			
Work Type:	☐ New Construction ☐ Other:	Repair	rove or	Remova	  -	Abandon			
Construction Method:	Trench & Open Cut Other:	<u> </u>		Plow		Potholing			
Wethou.	U Other.				_				
OTHER INFORMATION									
Estimated Sta	rt Date:	Estimated	imated Completion Date:						
SIGNATURES PERMIT VALID FOR 90 DAYS UPON APPLICATION APPROVAL. The applicant agrees that the permitted work shall comply with all City of Kaukauna standards along with permit provisions and conditions of Section 8.06 of the City of Kaukauna Municipal Code, including assuming responsibility for all claims of damage or injury.									
Signature of Ap	plicant		Dat	:e					
Signature of Co	ntractor	<del></del>		Dat	e				
CITY OFFICE APPROVAL									
Authorized City Representative									
 Date	_								