

Return form and fee to:  
 Caroline Sonnenburg  
 2417 Elm Road  
 Manitowoc WI 54220

TOWN OF MANITOWOC  
 APPLICATION/PERMIT TO CONSTRUCT, OPERATE, AND  
 MAINTAIN UTILITIES WITHIN TOWN ROAD RIGHT-OF-WAY

Applicant/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Local Phone & Pager: \_\_\_\_\_  
 Plans Prepared By: \_\_\_\_\_  
 Preparer's Phone: \_\_\_\_\_

LOCATION INFORMATION	
Road(s)	_____
Town of Manitowoc (County of Manitowoc)	_____
_____ 1/4 of the _____ 1/4 Sec _____ T _____ N _____ R _____ E	
ADDITIONAL INFORMATION	
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 & fill out all the apply)

UTILITY TYPE  Electric  Gas/petroleum  Communications  
 Water  Sanitary sewer  Private line  
 Transmission  Distribution  Service facility size/capacity \_\_\_\_\_

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 METHODS:  Plow  Trench  Bore  
 Suspend on poles/towers  Open cut hwy  
 Cased  Tree cutting/removal  Chemical treatment-trees/brush

Erosion Control Designation:  Major  Minor

Provide additional narrative if needed: \_\_\_\_\_  
 NAME & PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION

Estimated start date: \_\_\_/\_\_\_/\_\_\_ Estimated completion/restoration date: \_\_\_/\_\_\_/\_\_\_

The applicant understands and agrees that the permitted work shall comply with all permit provisions & 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 plan, details, or notes attached hereto and made a part thereof.

By: \_\_\_\_\_ / / \_\_\_\_\_  
 (Signature of Applicant/Co. Authorized Representative) (Title) (Date)

(Type/print name of person signing above or electronic signature code) (Authorized applicant Co. Rep. Phone no.)

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

**General Permit Fee: \$150**  
**Annual Service Fee: \$100**  
**Open Cut Permit Fee: \$500**

By: \_\_\_\_\_  
 (Authorized Representative for Town)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Title) (Date)

FEE RECEIVED: \$ _____
CHECK NO.: _____
DATE ISSUED: ___/___/___
TOWN RD. PROJECT # _____
PERMIT NO. _____

Comments/Special Provisions: \_\_\_\_\_