



## Right-Of-Way/Excavation /Opening/Boring Application

Chapter 33 Fees Code 210-4, 210-5

No person shall make or cause to be made an excavation or opening in any street, alley, highway, sidewalk or other public way within the Village of Johnson Creek without first obtaining a permit for such excavation.

Purpose of Excavation:	Area(s) to be Excavated:	Method of Excavation:
<input type="checkbox"/> Install New _____ Lateral <input type="checkbox"/> Install New _____ Service <input type="checkbox"/> Cut Off _____ Service <input type="checkbox"/> Lateral / Service Repair (Circle one) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Street <input type="checkbox"/> Curb <input type="checkbox"/> Sidewalk <input type="checkbox"/> Tree Lawn <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tunnel <input type="checkbox"/> Jack & Bore <input type="checkbox"/> Open Cut <input type="checkbox"/> Prow <input type="checkbox"/> Trench

Sketch **must** be attached.

Address of Opening	Date Work Will Start
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Name of Organization			
Organization Address	City	State	Zip
Organization Phone Number	Organization Email		
Name of Contractor			
Contractor Address	City	State	Zip
Contractor Phone Number	Contractor Email		
Contact Person	Contact Person Phone Number		

Fees			
Fee	Amount	Units	Total
Right-of-Way Permit Fee	\$100.00	-	\$100.00
Add an additional \$10.00 per 100 square feet for <b>excavation</b>	\$10.00		\$
Add an additional \$0.30 per lineal foot for <b>boring</b>	\$0.30		\$

Grand Total \$ \_\_\_\_\_

Approx. Opening Size: \_\_\_\_\_ ft x \_\_\_\_\_ ft Total Square Footage: \_\_\_\_\_

Actual Opening Size: \_\_\_\_\_ ft x \_\_\_\_\_ ft Total Square Footage: \_\_\_\_\_

**SPECIAL PERMIT PROVISIONS**

The following checked provisions apply to this permit:

GENERAL

- 1. The applicant shall contact the Street Superintendent at the address and telephone number indicated on the face of this permit to arrange for a Department representative to inspect the work site. No work under this permit shall be accomplished prior to his/her arrival.
- 2. The Applicant shall notify the Street Superintendent at the address and telephone number indicated on the face of this permit prior to the completion of the work authorized and at a time that enables Department personnel ample opportunity to inspect the work before the applicant's employees leave the site.
- 3. At any locations where open-trench installation across street pavement is authorized, the surfacing shall be saw-cut full depth to enable it to be restored with smooth joints.
- 4. All excavations shall be back-filled in accordance with the attached detail.

TRIMMING/CUTTING OF VEGETATION

- 5. Vegetation shall not be cut or trimmed without the consent of the owner. Nontarget trees and shrubs shall not be damaged.
- 6. Trimming is limited to only that which is necessary to afford safe clearance. This does not authorize clear swath cutting.
- 7. The vegetation to be removed shall be surveyed and inspected jointly with the Department's designated representative prior to any work commencing on the street right-of-way.

★ All trench backfill shall be mechanically compacted to a modified proctor density of 95 or filled with non-compactable material. Consolidation of backfill by flooding will not be allowed.

I have read Code 210-4 and 210-5 and understand, agree and will be responsible for all warranty to the work site for 12 months following final restoration. This Permit is valid for 60 days from Issuance Date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-Office Use Only-**

Amount Paid \$ \_\_\_\_\_  Cash  Card  Check # \_\_\_\_\_ Date \_\_\_\_\_

Permission is Hereby Granted to Excavate in (Street): \_\_\_\_\_  
Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

Permit fee paid and performance bond filed: \_\_\_\_\_  
Clerk-Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**Inspection record:**

Street/ROW **Opened Date:** \_\_\_\_\_ Initials: \_\_\_\_\_ **Street/ROW Closed Date:** \_\_\_\_\_ Initials \_\_\_\_\_

Temporary patch is satisfactory/unsatisfactory (date) \_\_\_\_\_ Signature \_\_\_\_\_

If unsatisfactory, contractor/owner contacted on (date) \_\_\_\_\_ Initials \_\_\_\_\_

Final restoration is satisfactory/unsatisfactory (date) \_\_\_\_\_ Signature \_\_\_\_\_

If unsatisfactory, contractor/owner contacted on (date) \_\_\_\_\_ Initials \_\_\_\_\_

Release of performance bond approved (date) \_\_\_\_\_ Signature \_\_\_\_\_