



125 Depot Street
P.O. Box 238
Johnson Creek, WI 53038
Phone (920) 699-2296
Fax (920) 699-2292

Permit # _____
Date: _____

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.

Right-of-Way Permit Fee: \$ **100.00**

Plus an additional \$10.00 per 100 square feet for excavation: _____ Sq Ft Excavation x \$10.00 \$ _____

Plus an additional \$.30 per lineal foot for boring: _____ Lineal Ft x \$.30 \$ _____

Total Due: \$ _____

Amount Paid _____ *Cash/Check #* _____ **ROW 100-44400**

Purpose of Excavation:

____ Install New _____ Lateral
____ Install New _____ Service
____ Cut Off _____ Service
____ (Lateral / Service) Repair (Circle One)
____ Other _____

Area(s) to be Excavated:

____ Street
____ Curb
____ Sidewalk
____ Tree Lawn
____ Other: _____

Method of Excavation:

____ Tunnel
____ Jack & Bore
____ Open Cut
____ Prow
____ Trench

Requested By: _____

Address of Opening: _____

____ Sketch Attached

New Building: Residence/Commercial/ Other: _____ (Circle One)

Date Work Will Start: _____

Approx. Opening Size: _____ ft x _____ ft Total Square Footage: _____

Actual Opening Size: _____ ft x _____ ft Total Square Footage: _____

Application Date: _____

Applicant: _____
(Print Name)

Name of Organization: _____

Address: _____ State: _____ Zip _____

Phone: _____ Fax: _____ E-mail: _____

Name of Contractor: _____

Contractor Address: _____ State: _____ Zip _____

Contractor Phone: _____ Fax: _____

Contractor E-mail _____

Contact Person: _____ Phone: _____

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: _____

Permission is Hereby Granted to Excavate in (Street) _____
Public Works Director

This permit also acknowledges payment of the Permit Fee and filing of Performance Bond.

Clerk-Treasurer

Inspection record:

Street/ROW **Opened on** (date) _____ Initials _____ **Street/R.O.W. Closed on** (date) _____ Initials _____

Temporary patch is satisfactory/unsatisfactory (date) _____ Initials _____

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

Final restoration inspected on (date) _____ Initials _____

Final restoration is satisfactory/unsatisfactory (date) _____ Initials _____

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

Release of performance bond approved (date) _____ Signature _____