

**SAWYER COUNTY HIGHWAY DEPARTMENT**

APPLICATIONS/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

Highway(s) \_\_\_\_\_

Town/Village/City of: \_\_\_\_\_

\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ N R \_\_\_\_\_

ADDITIONAL INFORMATION

Annual Service Connection Permit  Yes  No

Utility Work Order # \_\_\_\_\_

Fee Required Permit  Yes  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, 0 fibers, psi, Kv, ect.)

ORIENTATION  Overhead  Underground  Parallel to Hwy centerline  Hwy Crossing  Tunnel  Bridge Attachment

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

CONSTRUCTION METHOD(S):  Plow  Trench  Bore  Suspend on poles/tower  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:** \_\_\_\_\_

Estimate Starting Date: \_\_\_\_\_ Estimate Completion/Restoration Date: \_\_\_\_\_

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodations 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: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant/Company Authorized Representative)

(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 WCMA 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: \_\_\_\_\_

Hwy Project #: \_\_\_\_\_

Permit Number: \_\_\_\_\_