## TOWN OF MISHICOT UTILITY ACCOMMODATION POLICY

APPLICATION/PERMIT TO CONSTRUCT, OPERATE, AND MAINTAIN UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY <b>(96.93)</b>			LOCAT	ION INFORMATION	-	
Applicant/Company:			Highways(s)			
Address:			Town/Village/City	of:		
Address:					-	
				DT HIGHWAY DEPT. _1/4 SecTNRE		
Office Phone:				DNAL INFORMATION	=	
Local Phone & Pager:			Annual Service Connection Permit?			
Plans Prepared By:			Utility Work Order#			
Preparer's Phone:						
	PROPOSED WORK (Che					
UTILITY TYPE		/petroleum	Communications			
fWater	<sup>Ĩ</sup> Sanitary sewe		ine			
	<sup>§</sup> Transmission	Distribution	<sup>Ĩ</sup> Service <i>facili</i>	ty size/capacity		
ORIENTATION:	ÍOverhead	Underground	Parallel to h	wy centerline		
	Hwy crossing	<sup>1</sup> Bridge attachmen	t <sup>f</sup> Tunnel			
WORK TYPE:	New construction Imp	New construction Improve/repair existing Maintenance				
	<sup>Ĩ</sup> Removal	Abandon in place				
CONSTRUCTION	آPlow	<sup>ſ</sup> Trench	<sup>Ĩ</sup> Bore			
METHODS:	Suspend on poles/tow	ers	Öpen cut hv	VV		
	<sup>1</sup> Cased					
Erosion Control Designation		0,	trees/brush			
Provide additional narra			,			
	MBER OF UTILITY REP	PRESENTATIVE RES	SPONSIBLE FOR CO	NSTRUCTION		
Estimated start date:	/ / Estimated cor	npletion/restoration da	ate <u>: / /</u>			
				sions & conditions of the Utility Acc	ommodation	
	ed town in effect at the tim l hereto and made a part th		nd with any special prov	visions listed below or attached here	to, and any plan,	
By:				/ /		
(Signature of Applica	ant/Authorized Representat	tive)	(Title)	(Date)		
(Type/print name of per	rson signing above or electr	conic signature code) <b>D NOT WRITE BEI</b>		applicant.Rep. Phone no.)		
PERMIT APPROVAL BY	PERMITTING AURHORITY			EEE DECENTED ¢		
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				FEE RECEIVED: \$ CHECK NO.:		
above-named town 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: <sup>1</sup> Yes <sup>1</sup> No Annual Service Fee: \$75				DATE ISSUED://		
By: (Authorized Rep. for Highway Dept)				HWY. PROJECT #		
(Authorized Rep. 1	tor rugnway Dept)			PERMIT NO		
/T:41-\	/////////					
(Title)						
Comments/Special Provisions						