TOWN OF LINCOLN, MONROE COUNTY, WISCONSIN
Utility Permit Application

FOR TOWN USE ONLY

Permit Application Received: _____ Received By:_____
Fee Amount Received: $_____ Check #:_____
Permit Approved: ☐ Yes ☐ No
Approval Date: _____
Approved By: _____ Title: _____
Special Conditions:

APPLICANT INFORMATION

Applicant Name: _____
Company Name: _____
Mailing Address: _____
City _____ State _____ Zip _____
Phone _____ Email _____

CONTRACTOR INFORMATION (If Different)

Contractor Name _____
Contact Person _____
Wisconsin Contractor Registration No. _____
24-Hour Emergency Phone _____

UTILITY OWNER

Utility Company _____
Type of Utility (check one):
☐ Electric
☐ Natural Gas
☐ Water
☐ Sanitary Sewer
☐ Fiber Optic
☐ Telecommunications
☐ Communications Tower
☐ Cable Television
☐ Other _____

PROJECT LOCATION

Town Road _____
Nearest Address:_____
Nearest Intersection _____
Parcel Number _____

GPS Coordinates (Optional) _____

TYPE OF WORK

☐ New Installation
☐ Replacement
☐ Repair
☐ Emergency Repair
☐ Maintenance
☐ Relocation
☐ Abandonment

DESCRIPTION OF PROPOSED WORK

Provide a detailed description of the proposed work.

CONSTRUCTION INFORMATION

Construction Method:
☐ Open Cut
☐ Directional Bore
☐ Trenching
☐ Plowing
☐ Aerial
☐ Other _____
Length of Installation _____
If Tower - Height of Installation _____
Utility Size _____
Maximum Excavation Depth _____
Estimated Width of Disturbance _____
Estimated Length of Disturbance _____
Equipment to be Used

ROAD CROSSINGS

Will this project cross a Town road?
☐ Yes
☐ No
If yes:
Number of Crossings _____
Crossing Method _____
Minimum Cover Depth _____

RIGHT-OF-WAY OCCUPANCY

Will work occur within the Town right-of-way?

☐ Yes

☐ No

Approximate Linear Feet Occupied _____

TRAFFIC CONTROL

Will any of the following occur?

☐ Lane Closure

☐ Shoulder Closure

☐ Road Closure

☐ Flaggers Required

☐ Detour Required

Traffic Control Plan Attached

☐ Yes

☐ No

RESTORATION

Applicant agrees to restore all disturbed areas including:

☐ Asphalt Pavement

☐ Gravel Surface

☐ Shoulders

☐ Ditches

☐ Culverts

☐ Driveways

☐ Mailboxes

☐ Signs

☐ Turf / Lawn

☐ Erosion Control

☐ Other _____

PROJECT SCHEDULE

Estimated Start Date _____

Estimated Completion Date _____

Normal Working Hours _____

REQUIRED ATTACHMENTS

Please check all documents included.

☐ Site Map

☐ Construction Plans

☐ Traffic Control Plan

☐ Restoration Plan

☐ Erosion Control Plan

☐ Certificate of Insurance

☐ Performance Bond (if required)
☐ Diggers Hotline Ticket Number _____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree to comply with all applicable Town ordinances, permit conditions, Wisconsin laws, and industry standards. I accept responsibility for restoring all disturbed areas to their original or better condition and for repairing any damage resulting from this work.

Applicant Signature _____
Printed Name _____
Title _____
Date _____

TOWN INSPECTION

Pre-Construction Inspection
Date _____
Inspector _____
Notes

FINAL INSPECTION

Date _____
Inspector _____
Approved
☐ Yes
☐ No
Comments

PERMIT TYPE	**FEE**
Utility Permit	$250
Road Crossing	No charge
Emergency Permit	No additional fee (if filed promptly)
Road Closure	Actual costs
Inspection Fee	As required
Restoration Deposit	As determined by Town

PERMIT CONDITIONS (Summary)

Permit must be available at the job site during construction.
Applicant shall notify the Town at least 48 hours before work begins.
Diggers Hotline shall be contacted before excavation.
All disturbed areas shall be restored to equal or better than original condition.
Applicant is responsible for any settlement or failures occurring within two (2) years after project completion.
Traffic control shall comply with the Wisconsin Manual on Uniform Traffic Control Devices (MUTCD).
The Town reserves the right to inspect work at any time.
Emergency work shall be reported to the Town no later than the next business day.
Failure to comply with permit conditions may result in permit revocation and recovery of repair costs.

OFFICE USE ONLY

Permit Closed: ☐ Yes ☐ No
Final Acceptance Date _____
Inspector Signature _____
Remarks