

# TOWN OF FREEDOM APPLICATION/PERMIT TO WORK ON TOWNSHIP ROAD RIGHT-OF-WAY

1. Applicant's Name, Address, City, State and ZIP Code		2. Work Start Date	4. Location Description (¼ section, section, town, range; provide plat and location maps)		
		3. Work Finish Date*			
5. Is the work area near a survey monument? (If yes, call 866-568-2852 or email <a href="mailto:geodetic@dot.wi.gov">geodetic@dot.wi.gov</a> )		<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Work Location (List all that apply) Town: _____ Village: _____ City: _____ County: _____		
8. <a href="#">Trans 401</a> project designation? (Provide a formal erosion control plan for all Major projects. See provision #13.)		<input type="checkbox"/> Major <input type="checkbox"/> Minor	7. Highway (List all that apply) WIS _____ US _____ Interstate _____		
9. Are any environmental approvals, certifications or permits required from other regulatory agencies? (If yes, provide a copy of each item. If no, provide proof of other agency coordination as needed. For additional information, go to <a href="#">environmental coordination</a> .)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Work Type (Check all that apply) <input type="checkbox"/> Access management <input type="checkbox"/> Crash investigation/cleanup <input type="checkbox"/> Drainage: Culverts/tiles <input type="checkbox"/> Drainage: Grading/riprap <input type="checkbox"/> Drainage: Storm Sewer <input type="checkbox"/> Environmental assessment <input type="checkbox"/> Harvesting nature products <input type="checkbox"/> Hazmat: Cleanup/remediation <input type="checkbox"/> Hazmat: Monitoring wells <input type="checkbox"/> Invasive species assessment <input type="checkbox"/> Landscaping <input type="checkbox"/> Soil borings <input type="checkbox"/> Surveying <input type="checkbox"/> _____		12. Work Zone Description (Check all that apply) <input type="checkbox"/> Not applicable <input type="checkbox"/> Full road closure: detour** <input type="checkbox"/> Full road closure: temporary <input type="checkbox"/> Lane closure: without flagging <input type="checkbox"/> Lane closure: with flagging <input type="checkbox"/> Lane encroachment (2 feet or less) <input type="checkbox"/> Intersection/roundabout <input type="checkbox"/> Shoulder/parking lane closure  Freeway/expressway location <input type="checkbox"/> Off shoulder: < 30' off white line <input type="checkbox"/> Off shoulder: ≥ 30' off white line <input type="checkbox"/> Near right-of-way line or fence  Non-Freeway/expressway location <input type="checkbox"/> Off shoulder: < 15' off white line <input type="checkbox"/> Off shoulder: ≥ 15' off white line <input type="checkbox"/> Back of curb: < 2' behind <input type="checkbox"/> Back of curb: ≥ 2' behind		13. Provide detailed description of how work will be accomplished. Use page 2 or additional pages if needed. Provide work plans, drawings and specifications as needed. <b>For chemical treatment, answer questions on page 2.</b>	
11. Vegetation Management (Check all that apply) <input type="checkbox"/> Mow <input type="checkbox"/> Remove <input type="checkbox"/> Prune <input type="checkbox"/> Cut and/or trim <input type="checkbox"/> Plant <input type="checkbox"/> Chemically treat <sup>13</sup>					

**It is understood and agreed that approval is subject to the applicant's full compliance with the pertinent Statutes, as well as any codes, rules, regulations, and other jurisdictional agencies' permit requirements. Applicant shall comply with all permit provisions, superimposed notes, and detail drawings that the Town of Freedom may add. Any alteration of this form by the applicant is prohibited and may be cause to revoke this permit. When approved, the permit does not transfer any land; nor give, grant or convey any land right, right in land, nor easement in Town of Freedom right-of-way. It is not assignable or transferrable. All costs associated with this permit are the permittee's responsibility unless otherwise noted.**

**X**

\_\_\_\_\_  
(Main Contractor Company Name, If applicable)

\_\_\_\_\_  
(Applicant or Authorized Representative Signature) (Date)  
(If Computer-filled, Brush Script Font)

\_\_\_\_\_  
(Contractor Representative/Title) (Area Code/Phone No. – Office)

\_\_\_\_\_  
(Printed Name) (Title)

\_\_\_\_\_  
(Area Code/Phone No. – Cell) (Email Address)

\_\_\_\_\_  
(Area Code/Phone No.) (Email Address)

\* **Includes permanent restoration. If the permitted work has not started by the "Work Finish Date", this permit is null and void. If the permitted work has started, but has not been completed by the "Work Finish Date", the work shall not be completed unless authorized through an approved written time extension or a subsequent permit. ANY PERMIT ISSUED IS REVOCABLE.**

**For Town of Freedom Use Only – Do Not Write Below**

<input type="checkbox"/> <b>PERMITTEE SHALL NOTIFY THE TOWN OF FREEDOM REPRESENTATIVE LISTED BELOW 3 DAYS BEFORE STARTING ANY WORK:</b> Region contact, title, office address, area code/phone no., and email address  Town of Freedom Dennis Rehr - Chairman (608) 393-4165 drehr.freedom.townof@gmail.com	<input type="checkbox"/> <b>See Supplemental Permit Provisions (Page 4)</b> <input type="checkbox"/> <b>Special Permit Provisions Also Included</b> <input type="checkbox"/> Lane Closure System notification required <input type="checkbox"/> Insurance or performance bond required <input type="checkbox"/> Other regulatory agency permits not required <input type="checkbox"/> Permit issued in conjunction with: _____ <input type="checkbox"/> Permit voids and supersedes permit(s): # _____, Issued _____	Date Application Received  Date Application Complete  Permit Issuance Date  Permit Expiration Date  Permit Extension Date  Permit Number
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Town of Freedom Authorized Representative Signature