

APPLICATION FOR EXCAVATING PERMIT
TOWN OF WINNECONNE, WINNEBAGO COUNTY, WISCONSIN

PROPOSED DATE TO BEGIN EXCAVATION _____

LOCATION: _____

PURPOSE: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____ **TELEPHONE:** _____

The undersigned covenant and agree that, if permission to excavate shall be granted to the undersigned as requested hereby, then in consideration thereof, we will:

1. Place or cause to be placed suitable and adequate warning and safety devices, barricades and/or lights at the excavation for as long as the area is un-surfaced or remains a hazard to traffic of any kind.
2. Open the excavation by neat saw joints through the concrete or asphalt surface course.
3. Close and backfill such excavation and replace the surface of said street to the condition it was prior to the excavation.
4. Indemnify and hold harmless the Town of Winneconne from any damages it may be required to pay on account of injury to persons or property caused by applicant or his agent.

SIGNATURE OF APPLICANT: _____

APPLICATION APPROVAL:

Date: _____

Town Highway Superintendent

OR

Town Police Chief

OVER----->

LOCATION MAP SKETCH:

PROJECT ADDRESS: _____



SKETCH PREPARED BY: _____

DATE: _____ **TELEPHONE:** _____

NOTIFY TOWN HIGHWAY SUPERINTENDENT UPON COMPLETION OF PROJECT