

TOWN OF BRISTOL
APPLICATION FOR PERMIT TO WORK IN TOWN ROAD RIGHT-OF-WAY

This permit is required and shall be issued in accordance with the provisions of the Town of Bristol Ordinance 5.7.0

APPLICANT INFORMATION – Certificate of Insurance showing the Town as an additional insured is required for application.

Company	Contact Name	Email Address	
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Address	City	State	Zip Code
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Office Phone	Alternate Phone	Fax Number	
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Permit Mailing Address (if different from above)	City	State	Zip Code

CONTRACTOR INFORMATION – Certificate of Insurance showing the Town as an additional insured is required for contractor.

Company	Contact Name	Email Address	
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Office Phone	After Hours Phone (required)	Fax Number	

PROPOSED WORK

Town Road where right-of-way is located: _____

Plans Prepared by: _____

Copy Enclosed: Yes No

Type of Installation (gas, fiber, etc.): _____

Facility Location is:

- To cross right-of-way
- Parallel to right-of-way
- Overhead – suspended on poles
- Overhead – suspended on towers
- Underground

Method of Installation:

- Tunnel
- Trench
- Plow
- Cased
- Jack and Bore
- Drill
- Open Cut

Other: _____

Start Date	Completion Date	Notify Town Public Works Lead of any changes to dates and upon completion of work.	Will pavement be disturbed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERMIT CONDITIONS & SIGNATURE

Applicant acknowledges that (s)he has read and understands the requirements for obtaining a permit to work in the Town Road right-of-way as per Town Ordinance 5.7.0. By signing this application, applicant agrees that the Town of Bristol may establish additional provisions prior to application approval. Applicants shall receive notification of any special provisions.

Applicant further understands and agrees that the permitted work shall comply with all permit provisions and conditions listed on the following page, any special provisions, and any and all plans, details or notes attached hereto are made part hereof. Applicant will notify the Town Highway Superintendent upon completion of work.

By: _____
Signature of Applicant / Representative or
Project Manager

Date: _____

Print Name and Title

Phone

Notes regarding restoration: All affected areas must be restored to a condition as good or better than what existed prior to disruption. Restoration of trench walls shall be sloped (rather than vertical) and trench compaction shall be as good as prior to disruption. The Permit Holder shall re-use native fill materials below the pavement to the full extent possible to avoid possible differential frost heave. The Permit Holder shall notify the Town Public Works Lead upon completion of work. If restoration is not complete to the satisfaction of the Town Public Works Lead or Town Engineer within the time specified, the Town may cause such restoration to occur and bill the Permit Holder for any costs incurred by the Town to complete the restoration.

Submit completed application and attachments using any of the following methods:

Mail to:
TOWN OF BRISTOL
7747 County Road N
Sun Prairie, WI 53590

Email to:
clerktreasurer@tn.bristol.wi.gov

Questions may be directed to the Town Public Works Lead at 608-453-4176

****APPLICATIONS ARE NOT COMPLETE AND WILL NOT BE PROCESSED
UNTIL \$300 APPLICATION FEE IS RECEIVED.
PAYABLE: TOWN OF BRISTOL****

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved, and permit is issued by the Permitting Authority subject to full compliance by Applicant and Contractor with all provisions and conditions stated herein and all attachments hereto.

By: _____
Signature of Authorized Authority

Date: _____

Print Name and Title

Phone

**ALL RESTORATION WORK MUST BE COMPLETED WITHIN _____ DAYS OF
COMPLETION OF THE PERMITTED WORK.**

Additional Conditions: