



Town of Arcadia, Trempealeau County
APPLICATION/PERMIT to
CONSTRUCT, OPERATE,
and MAINTAIN UTILITIES WITHIN HIGHWAY
RIGHT-OF-WAY

Applicant/Company: _____
Address: _____

Office Phone: _____
Cell Phone: _____
Plans Prepared By: _____

Company: _____
Phone: _____
Email: _____

LOCATION INFORMATION	
Highway(s): _____	
_____ ¼ of the _____ ¼ Sec _____ T _____ N _____ R _____ E	
ADDITIONAL INFORMATION	
Annual Service Connection Permit? ☐ Yes ☐ No	
Utility Work Order # _____	
Fee Required? ☒ Yes ☐ No Amount \$ 10.00	

DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)

UTILITY TYPE: ☐ Electric ☐ Gas/petroleum ☐ Communications ☐ Water ☐ Sanitary sewer ☐ Private line
☐ Transmission ☐ Distribution ☐ Service *Facility Size/Capacity:* _____
(diameter, # fibers, psi, Kv, etc.)

ORIENTATION: ☐ Overhead ☐ Underground ☐ Parallel to hwy centerline ☐ Hwy crossing ☐ Bridge attachment ☐ Tunnel

WORK TYPE: ☐ New construction ☐ Improve/repair existing ☐ Maintenance ☐ Removal ☐ Abandon in place

CONSTRUCTION METHOD(S): ☐ Plow ☐ Trench ☐ Bore ☐ Suspend on poles/towers ☐ Open cut hwy ☐ Cased

☐ Tree cutting/removal ☐ Chemical treatment of trees/brush *Erosion Control Designation:* ☐ Major ☐ Minor

Provide additional narrative if needed: _____

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE

RESPONSIBLE FOR CONSTRUCTION: _____

Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named Town in effect at the time of this application and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

The Applicant acknowledges receipt of and agrees to the indemnification requirements enclosed with this permit form: _____ (Initial)

By: _____
(Signature of Applicant/Company Authorized Representative) (Title) (Date)

(Typed/Printed Name of Person Signing Above or Electronic Signature Code)

(Authorized Applicant/Company Representative Telephone Number)

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved, and permit issued by the Town subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named Town including the Indemnification as included in Section 3 of the Utility Accommodation Policy in effect on the date of this application and as appended to this permit.

Supplemental Provisions Attached: ___ Yes ___ No

By: _____
(Authorized Representative for Town)

FEE RECEIVED: \$ _____

CHECK NUMBER: _____

DATE ISSUED: _____

(Title)

(Date)

Date Revised: ___/___/20___

HWY PROJECT #: _____

PERMIT NUMBER: _____