



Town of Algoma

15 N. Oakwood Road

Oshkosh, WI 54904

Phone: 920.235-3789

**RIGHT-OF-WAY
PERMIT APPLICATION
APPLICATION # _____**

Applicant Information			
Applicant Name (Indiv., Org. or Entity)	Authorized Representative	Title	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)		
Landowner Information (if different than Applicant and/or if applicable)			
Name (Organization or Entity)	Contact Person	Title	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)		
Other Contact Information (check one): <input type="checkbox"/> Engineer / Consultant <input type="checkbox"/> Contractor / Builder <input type="checkbox"/> Agent / Other			
Name (Organization or Entity)	Contact Person	Telephone (include area code)	
Mailing Address	City	State	Postal Code
E-mail Address			
Project or Site Location			
Site Name (Project):		Parcel Numbers:	
Address / Location:		Plat / CSM / Lot No.:	
Permit Type & Fees (check all that apply)			
<p>CURB & GUTTER</p> <p><input type="checkbox"/> Curb Cut (\$250)</p> <p><input type="checkbox"/> Curb & Gutter (\$250)</p> <p>CULVERTS</p> <p><input type="checkbox"/> New/Replacement Culvert (\$250) NOTE: Grade elevations shall not impede the flow of water and only CMP is allowed. Size of Culvert being installed (Min 15") _____ Length of Culvert being installed (Min 24') _____</p> <p>DRIVEWAYS</p> <p><input type="checkbox"/> Driveway Approach/Apron Residential/Non-Residential: Width in Feet _____ (\$100)</p> <p><input type="checkbox"/> Temporary Driveway/Culvert Extension: Width in Feet _____ (\$100)</p> <p>NOTE: Any water stops box(es) located in the driveway need to be fitted with a valve box collar/cover or a 6" PVC pipe for maintenance purposes. Contact the Algoma Sanitary District (920)426-0335 for valve box.</p> <p>DRAINAGE</p> <p><input type="checkbox"/> Drainage: ROW Excavation (\$100)</p> <p><input type="checkbox"/> Drainage: Grading/Cleaning (\$100)</p> <p><input type="checkbox"/> Drainage: Ditch Liners/Drain Tile/Piping (\$100)</p> <p><input type="checkbox"/> Drainage Other (i.e. Sump pump discharge/urbanization/rip rap, etc) : _____ (\$100)</p> <p>UTILITY EXCAVATION IN THE ROW</p> <p><input type="checkbox"/> Street Opening # _____ (x \$1000) Total \$ _____</p> <p><input type="checkbox"/> Boring # _____ (x Per Boring \$125) Total \$ _____</p> <p><input type="checkbox"/> Linear Footage # _____ (x \$.15 per foot, Up to \$5000 max) Total \$ _____</p> <p><input type="checkbox"/> Road Closure # of Days _____ (x \$100 per day) Total \$ _____</p> <p><input type="checkbox"/> Other (\$100) Describe type of work _____</p>			

Required Forms Checklist: (Submit 1 copy of all supporting materials, i.e., drawings, plans and written documents)		
<input type="checkbox"/> Detailed Plan for Improvements & Alterations <input type="checkbox"/> Erosion Control Plan <i>(If Applicable)</i> <input type="checkbox"/> Proof of Liability Insurance <i>(ROW/Street/Sidewalk Openings and Excavations only)</i> <input type="checkbox"/> Traffic Control Plan <i>(If Applicable)</i>		
Acknowledgement, Certification & Permission		
Acknowledgement: I ACKNOWLEDGE FAILURE TO PROVIDE ALL REQUIRED MATERIALS AND INFORMATION COULD RESULT IN THE REVIEW OF THIS APPLICATION BEING DELAYED FOR CONSIDERATION. Certification: The applicant has received and agrees that the permitted work shall comply with all permit provisions and conditions of the Town of Algoma Municipal Code and with any special provisions listed below or attached hereto, and any all plans, details, or notes attached hereto and made a part thereof.		
Applicant Signature		Date Signed
LEAVE BLANK – FOR TOWN USE ONLY		
Date Application Received:	Fee Received \$	Receipt No:
INSPECTION: Call 920-235-3789 for final inspection ask for public works department	Date Issued:	Issued By:

Permit Expires 12 months from issue date. If an extension is required another permit application shall be submitted.

Review/processing time: up to 10 business days.