TOWN OF LAMARTINE

Occupancy of Public Right of Way's

Obtains to Ordinance #R-12122016

Right of Way User Registration Form **Permit #_____**

Applicant / Registrant / Company: _____

Name: _____

Address: _____

_____

Phone Office: _____

Phone Cell: _____

Fax Number: _____

EMAIL: _____

Diggers Hotline Reg. Cert: _____

Company Local Contact Name: _____

Phone Office: _____

Phone Cell: _____

Fax: _____

Email: _____

ITEMS NEEDED

1. Reason for Work—Plans, Scale Drawings Please attach ☐
2. Dates & Hours of Work ☐
3. Local, State, Federal Approvals if needed ☐
4. Certificate of Insurance ☐
5. Copy of Certificate for LLC, LLP or Corporation ☐
6. Wisconsin Public Service Certificate ☐
7. Other ☐
8. $250.00 Fee Paid (Annual) ☐

Town of Lamartine Contacts

Dave Tavs, Chairman	920-960-5417
Town Road Supervisor	920-597-0075
Town Fax	920-906-3692
Town Email	clerk@townoflamartinewi.gov

Approval Date: _____

By Applicant: _____ **Date:_____**

By Town: _____ **Date:_____**