Right of Way Occupancy and Excavation P	ermit No: Date:
BAYSIDE	
Registration Information	
Registrant's Name:	Phone:
Address of work:, Bayside WI	
Diggers Hotline Registration Certificate Number:	E-Mail:
Local Representative:	Phone:
Emergency Contact Information:	
Briefly describe the work being done:	
Will there be any excavation?	
REQUIRED ATTACHMENTS (if not previously provided and current):	Received/Satisfactory
a. Scaled drawings showing location and area of proposed proj	
of all existing and proposed facilities.	
b. Payment of all permit fees and costs	As the
 Proof of Liability insurance in a type and amount satisfactory department 	to the
d. Repair bond as determined by the department.	
FEES AND COSTS:	-
Right-of Way Fee: \$100.00 Excavation Fee: \$200.00 If performing a Street Cut/Daylight, a refundable bond/deposit will be required. Ess than 100 square feet: \$400 and a \$1,000 road bond 100 - 500 square feet: \$500 and a \$3,000 road bond Over 500 square feet: \$600 and a \$5,000 road bond Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of Bayside Municipal Code and any special conditions attached hereto, and any plans, details, or notes attached hereto and made a part thereof. Failure to comply with any regulations and/or conditions in this permit will make the permit null and void.	
Applicant Signature	Date
Application is: Approved/Not Approved	Special Conditions Attached: Yes/No
Village Manager or Designee:	Tax Key Number: