## Right of Way Occupancy and Excavation Permit

Permit No:	
Date:	



Registration Information		
Registrant's Name:	_ Phone:	
Address of work:, Bayside WI	Fax:	
Diggers Hotline Registration Certificate Number:	E-Mail:	
Local Representative:	_ Phone:	
Emergency Contact Information:		
Briefly describe the work being done:		
Will there be any excavation?		
Will there be any street cuts? If so, what is the approximate square footage of the cut?		
OTHER REQUIRED INFORMATION. Applicants must provide the following at time of application:		
REQUIRED ATTACHMENTS (if not previously provided and current):	Received/Satisfactory	
a. Scaled drawings showing location and area of proposed proj	ect and location	
of all existing and proposed facilities.		
b. Payment of all permit fees and costs		
<ul> <li>c. Proof of Liability insurance in a type and amount satisfactory department</li> </ul>	to the	
d. Repair bond as determined by the department.		
FEES AND COSTS:		
Right-of Way Fee: <b>\$100.00</b> Excavation Fee: <b>\$200.</b>	<u>00</u>	
If performing a Street Cut/Daylight, a \$1,000 refundable bond/deposit will be required. In addition to the \$10,000 refundable bond/deposit, Street Cut/Daylighting fees are calculated by area and are as follows:  • Less than 100 square feet: \$200  • 100 – 500 square feet: \$300  • Over 500 square feet: \$500  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:	