



PERMIT TO EXCAVATE IN THE PUBLIC RIGHT-OF-WAY

Permit # :	_____
Date Issued:	_____
Expires:	_____
Non-Refundable Fee:	_____
Receipt #:	_____

Rev. 11/01/24

**Sec. 16-121.(b) Work done without a permit. The fee for failure to obtain a permit is four times the permit fee.*

Applicant Information City Staff Facility Owner Property Owner Contractor

Company: _____ Contact: _____
Address: _____ Email: _____
City,State, Zip: _____ Telephone: _____

Applicant Name: _____ **Date:** _____

Expedite Add'l \$100

Location of Work Address: _____ District: _____ 1/4 Sec: _____

Lot #/Subdivision: _____ WR or Plan#: _____ Tax Key #: _____

Street: _____ From: _____ To: _____

Description of Work New Replacement Repair Abandonment / Removal

General Description: _____

Estimated start date: _____ Estimated completion date : _____

<p>Utility Construction</p> <p><input type="checkbox"/> Electric/Telephone/Fiber/Cable TV <input type="checkbox"/> Utility Pole/Street Light</p> <p><input type="checkbox"/> Gas Main: _____-inch <input type="checkbox"/> Gas Service: _____-inch</p> <p><input type="checkbox"/> San Main: _____-inch <input type="checkbox"/> San Lateral: _____-inch</p> <p><input type="checkbox"/> Sto Main: _____-inch <input type="checkbox"/> Sto Lateral: _____-inch</p> <p><input type="checkbox"/> Wat Main: _____-inch <input type="checkbox"/> Wat Service: _____-inch</p> <p><input type="checkbox"/> Wat Tap: _____-inch <input type="checkbox"/> Valve: _____-inch</p> <p><input type="checkbox"/> Hydrant</p>	<p>Sidewalk / Driveways / Landscaping / Other</p> <p><input type="checkbox"/> Sidewalk (at Driveway only)</p> <p><input type="checkbox"/> Sidewalk (complete)</p> <p><input type="checkbox"/> Driveway Apron (approved by: _____)</p> <p><input type="checkbox"/> Curb Cut - saw curb head (approved by: _____)</p> <p><input type="checkbox"/> Curb Cut - remove/repour (approved by: _____)</p> <p><input type="checkbox"/> Private Driveway (staking only)</p> <p><input type="checkbox"/> Landscaping</p> <p><input type="checkbox"/> Other: _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Installation Method: Open Cut Trenchless Overhead

Existing surfaces that will be damaged: **\$350 :** (Asphalt street Concrete street Curb/Gutter) **\$200 :** (Sidewalk Apron Only Grass)

Restoration Requirements *(To be determined by City prior to issuing permit)* N/A

Backfill Material: Excavated Material Compacted Granular Aggregate Slurry Flowable Fill

Surface Material:

Temporary: (Nov-Apr) Asphalt Concrete Other: _____ **Thickness:** _____

Permanent: (May-Oct) Asphalt Concrete Other: _____ **Thickness:** _____

Required date(s) of completion for restoration: Temporary: _____ Permanent: _____

Cement Finisher (Name & License #): _____

Additional Requirements *(Department use only)*

<input type="checkbox"/> Construction Plan/Sketch	<input type="checkbox"/> Sewer/Water Permit	<input checked="" type="checkbox"/> Construction Staking	<input type="checkbox"/> Re-Staking (add'l \$40.00)
<input checked="" type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Culvert Permit	Date to stake: _____	Date to stake: _____
<input checked="" type="checkbox"/> Permit Bond (\$5000)	<input type="checkbox"/> Street Occupancy Permit	<i>Site must be cleared, free of obstructions, leveled and ready for staking by date(s) listed above. Allow 5 working days from the date above for staking time.</i>	
<input type="checkbox"/> Erosion Control Permit	<input type="checkbox"/> Council Approval	<input checked="" type="checkbox"/> Inspection	<i>Public Works must be notified a minimum of 2 business day prior to commencing any work associated with this permit. 920-832-6474.</i>
<input checked="" type="checkbox"/> Other : <u>Doesn't include private easements or non COA ROW's.</u>	<input type="checkbox"/> Contact Water Supervisor 920-832-5580 (allow 5 days)		

Work Zone Traffic Control Requirements

Contact Traffic Division 920-832-2379 1 business day prior to any lane closure, or 2 business days prior to a full road closure.

Type of Street: **Proposed Traffic Control:**

<input type="checkbox"/> Arterial/CBD	<input type="checkbox"/> City Manual Page(s) _____
<input type="checkbox"/> Collector	<input type="checkbox"/> State Manual Page(s) _____
<input type="checkbox"/> Local	<input type="checkbox"/> Other (attach plan) _____

Approved by: _____ **Date:** _____

Additional Requirements:

FIELD NOTES *(Department use only)*


Surface Restoration: **TEMPORARY** **PERMANENT**

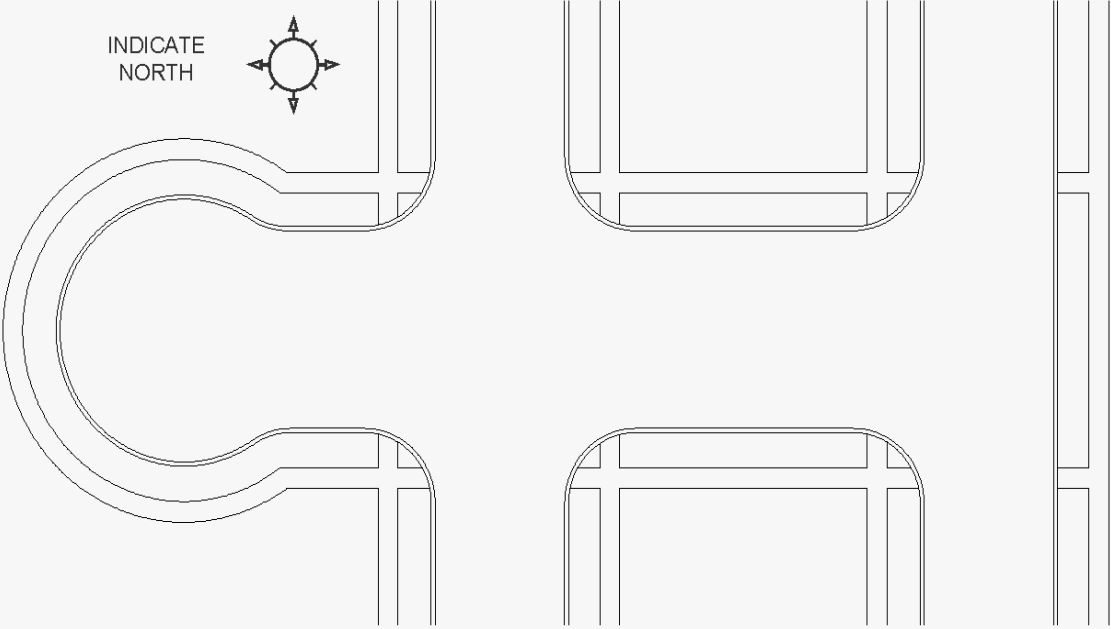
Name of Licensed Cement Finisher (if Permanent Concrete): _____

Backfill Material(s) Used: Excavated Material Compacted Granular Aggregate Slurry Flowable Fill

Surface Material(s) Used:

Thickness:

INDICATE NORTH 



Existing Surface(s):

Concrete

Asphalt

Asph./Conc.

Gravel

Grass

Other _____

Size of Excavation(s)

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

_____ ft. x _____ ft.

Staking: **N/A** Staked By: _____ Date: _____ Staking notes attached

Inspection: **N/A** Inspected By: _____ Date: _____ Pictures taken

Measured Quantities:

Sidewalk Removed: (_____ ft) x (_____ ft) = _____ Sq. Ft.

Sidewalk Constructed: (_____ ft) x (_____ ft) = _____ Sq. Ft.

Inspector to describe what work was performed: _____

This permit approval is subject to the following conditions:

1. Permittee is responsible to obtain any further permits that may be required for this project.
2. Permittee shall install the proposed facilities as shown on the plan(s) that were submitted to the City of Appleton.
3. The field representative shall have a copy of the approved permit on-site at all times.
4. Any facilities installed as part of this permit shall be installed at least **5 feet** from all existing city facilities.
5. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL CITATION if conditions of the permit are not met.
6. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period the obstruction is permitted.
7. *Pot holing will be required for any facility that will cross a 12" or larger water main or where deemed necessary by engineer/inspector.*

This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described herein. The applicant, in exchange for receiving this permit, warrants that all street excavations shall be performed in conformity to City ordinance, standards and specifications, be properly barricaded and lighted, and be performed in a workmanlike manner. In the event that the City Specifications and/or permit conditions are not followed, the applicant agrees to assume liability for any costs incurred by the City for corrective work required to bring the subject area into compliance with said Specifications. By applying for and accepting this permit, permit holder agrees to assume liability for any and all damages resulting from his occupancy, use or excavation of the street or premises. No work shall commence prior to approval of this permit by the Department of Public Works.

The applicant shall make all permanent or temporary repairs to any/all excavations caused by the work done herein as directed by the City. All repairs shall be done in accordance with standards and specifications in place at the time this permit is issued. The applicant further understands that if the permanent repairs are to be made by the City in the year following the excavation, or when deemed practicable by the City, ALL COSTS OF PERMANENT REPAIRS SHALL BE BILLED BACK TO THE APPLICANT, AND THE APPLICANT AGREES TO PAY THE SAME UPON RECEIPT OF THE INVOICE. My signature, as the applicant/permittee, acknowledges that I have read the above, understand the same and agree to be bound by the terms herein.

APPROVED BY: _____
 (Department of Public Works)

DATE: _____