



PERMIT TO CONSTRUCT, OPERATE AND MAINTAIN UTILITY FACILITIES IN EVANSVILLE RIGHT-OF-WAY OR ATTACHMENT TO A EW&L OWNED POLE OR STRUCTURE

Revision 02/2024

UTILITY SHALL SUBMIT PERMIT 3 WORK DAYS PRIOR TO STARTING ANY WORK

Applicant (Utility facility owner) Name and Address	Work Start Date	Work Finish Date	Location Description (¼ section, section, town, range; provide plat and/or location maps)	
	Is the work due to a city roadway project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant Work Order # (If any)		Work Location (List all that apply) Town: _____ Village: _____ City: _____ County: _____		Road (List all that apply) WIS: _____ US: _____ Road: _____ CTH: _____
Facility Type (Check all that apply) and Description (Size, material, voltage, pressure, # fibers, etc.)	Proposed Work Methods (Check all that apply)		Work Zone Description (Check all that apply). (Provide relevant diagram(s) with application.)	
<input type="checkbox"/> Comm: _____ <input type="checkbox"/> Electric: _____ <input type="checkbox"/> Gas/Oil: _____ <input type="checkbox"/> Water: _____ <input type="checkbox"/> Sewer: _____ <input type="checkbox"/> Casing: _____ <input type="checkbox"/> Conduit: _____ <input type="checkbox"/> Cellular: _____	<input type="checkbox"/> Trench <input type="checkbox"/> Plow <input type="checkbox"/> Place fill <input type="checkbox"/> Rock blasting <input type="checkbox"/> Place cable <input type="checkbox"/> Open cut in conduit pavement <input type="checkbox"/> Hand/mechanical excavation Bore: <input type="checkbox"/> Hydraulic (Auger/Jack/Tunnel) <input type="checkbox"/> Pneumatic (Mole) <input type="checkbox"/> Directional 1 (Manually tracked) <input type="checkbox"/> Directional 2 (Computer tracked) <input type="checkbox"/> Unknown (At this time)		<input type="checkbox"/> Not applicable <input type="checkbox"/> Full road closure: detour <input type="checkbox"/> Full road closure: temporary <input type="checkbox"/> Lane closure: without flagging <input type="checkbox"/> Lane closure: with flagging <input type="checkbox"/> Lane encroachment (2 feet or less) <input type="checkbox"/> Intersection/roundabout <input type="checkbox"/> Shoulder/parking lane closure <input type="checkbox"/> Railroad crossing Highway location <input type="checkbox"/> Off shoulder: < 30' off white line <input type="checkbox"/> Off shoulder: ≥ 30' off white line <input type="checkbox"/> Near right-of-way line or fence Roadway location <input type="checkbox"/> Off shoulder: < 15' off white line <input type="checkbox"/> Off shoulder: ≥ 15' off white line <input type="checkbox"/> Back of curb: < 2' behind <input type="checkbox"/> Back of curb: ≥ 2' behind	
Facility Orientation (Check all that apply) <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Crossing <input type="checkbox"/> Parallel	Install or attach to poles: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Guys		Are any environmental approvals, certifications, or permits required from other regulatory agencies? If yes, provide a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Structure attachment <input type="checkbox"/> Scenic easement (Off right-of-way)	(-Diameter) (Name of existing owner) (Provide details for all guy-wires on plan sheets)		Will appurtenances be installed with the facility? If yes, provide a description and or specification for each item. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Types (Check all that apply) <input type="checkbox"/> New facility <input type="checkbox"/> Remove <input type="checkbox"/> Joint install <input type="checkbox"/> Maintenance <input type="checkbox"/> Improve or repair existing <input type="checkbox"/> Discontinue, left in place	Tree/vegetation control: <input type="checkbox"/> Trim (Prune) <input type="checkbox"/> Plant <input type="checkbox"/> Remove (Cut) <input type="checkbox"/> Mow <input type="checkbox"/> Chemically treat		Will city streets, terraces or sidewalks be affected by your work? If yes provide total area: A SY = _____	
Pothole (Subsurface excavation): <input type="checkbox"/> Air <input type="checkbox"/> Water				

*** If the permitted work has not started by the "Work Finish Date", this permit is null and void. If the permitted work has started, but has not been completed by the "Work Finish Date", the work shall not be completed unless authorized through an approved written time extension of Ua YbXa Ybhic`h Jg'dYfa Jh ANY PERMIT ISSUED IS REVOCABLE.**

Utility Person Responsible for Construction	Telephone Number	It is understood and agreed that Evansville's approval is subject to the applicant's full compliance with all pertinent cfXjBUWwg including Section 106 of the Municipal Code of the City of Evansville, as well as any regulations of other jurisdictional agencies (which may be more restrictive).
Utility or Project 24/7 Emergency Contact	Telephone Number	
Provide company name and address of utility authorized representative if not employed by the applicant.	(Utility Authorized Representative Signature – If filled via computer, brush script font) (Date)	
Provide additional work details, if needed (use back page or include separate pages)	(Title) (Telephone Number) (Email Address)	This permit does not transfer land, or give, grant or convey any land right, or easement in Evansville right-of-way. It is not assignable or transferable. 5 bnpole attachments must have a lease U fYya Ybhin addition to this permit. 'H YUtd'jWbhiU fYYg'tc`dUnifor UbmXUa U fYg'tc`dYfgcb`cf`dfcdYfmZxcbyJb`fYUjcb'tc`k cf`i bXYf`h Jg'dYfa Jh'

↓ For City of Evansville Use Only ↓

Evansville Municipal Services Department	<input type="checkbox"/> Traffic Control Plan <input type="checkbox"/> Joint Installation <input type="checkbox"/> Private Utility (Non-public ownership and/or use) <input type="checkbox"/> Review All Supplemental Permit Provisions <input type="checkbox"/> Revisions Made to Drawings or Other Pages	<input type="checkbox"/> Permit Extended <input type="checkbox"/> Permit Amended Amount Paid: _____ <input type="checkbox"/> Parcel Fee - (Number of city parcels affected _____ \$10 per parcel after the first 5) Amount Paid: _____ <input type="checkbox"/> Insurance or performance bond received or on file.
31 S Madison St PO Box 529 Evansville, WI 53536 Cell: 608-490-1313 s.kriebs@evansvillewi.gov	Clerks Office: _____ Date: _____	
Director: _____ Date: _____	Site Acceptance By: _____ Date: _____	