

TOWN OF OAKLAND HIGHWAY DEPARTMENT

APPLICATION TO CONSTRUCT, OPERATE AND MAINTAIN UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY

Applicant/Company _____

Street Address, City, State, Zip Code _____

Phone _____ Fax _____ Cell _____

LOCATION INFORMATION: Section _____ Township _____ Range _____

Fee Amount Required _____

DESCRIPTION OF PROPOSED WORK (CHECK ALL THAT APPLY)

UTILITY TYPE: ELEC ___ Gas/Petroleum ___ Communications ___ Water ___ Sewer ___

Private Line ___ Transmission ___ Distribution ___ Service ___ Facility Size/ Capacity _____

Orientation: Overhead ___ Underground ___ Parallel to Hwy. _____

Hwy Crossing ___ Tunnel ___ Bridge Attachment _____

WORK TYPE: New Construction ___ Improve/Repair Existing ___ Maint ___ Removal ___

Abandon In Place _____

CONSTRUCTION METHOD(S): Plow ___ Trench ___ Bore ___ Suspend on Poles/Towers ___

Open Cut Highway ___ Cased ___ Tree Cutting ___ Chemical Treatment of Brush ___

EROSION CONTROL DESIGNATION: _____

PROVIDE ADDITIONAL NARRATIVE IF NEEDED: _____

NAME/PHONE NUMBER OF UTILITY REP RESPONSIBLE FOR CONSTRUCTION: _____

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

The applicant understands and agrees that the work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the Town of Oakland Highway Department in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: _____ Title _____ Date: _____

Print Name _____ Telephone Number: _____

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL:

The foregoing application is hereby approved and permit issued by the Town of Oakland subject to full compliance by the applicant with all provisions and conditions stated in the Utility Accommodation Policy of the Town of Oakland Highway Department including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

SUPPLEMENTAL PROVISIONS ATTACHED: ___ Yes ___ No

By: _____

Title: _____ Date _____

FEE RECEIVED \$ _____

CHECK NUMBER _____

DATE ISSUED: _____

PERMIT NUMBER: _____