

**VERNON COUNTY – APPLICATION/PERMIT
TO CONSTRUCT AND OPERATE UTILITY FACILITIES ON HIGHWAY RIGHT-OF-WAY**

<p>Location Description – Quarter section, section, township, range, etc. To each copy of the application attach one copy of the sketch showing location.</p>	<p>Proposed Work Location Highway(s):</p> <p><input type="checkbox"/>Town <input type="checkbox"/>Village <input type="checkbox"/>City</p> <p>OF</p> <p>County</p>
Applicant Name, Address, and Phone	Construction Starting Date
	Construction Completion Date
	Applicant Work Order – if any

DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)

UTILITY TYPE: Electric Gas/petroleum Communications Water Sanitary Sewer Private line
Transmission Distribution Service Facility Size/Capacity: _____
(diameter, # fibers, psi, Kv, etc.)

ORIENTATION: Overhead Underground Parallel to hwy centerline Hwy crossing Bridge attachment Tunnel
WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place
CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/towers Open cut hwy Cased
Tree cutting/removal Chemical treatment of trees/brush Erosion Control Designation: Major Minor

Provide additional narrative if needed:

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION: _____

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county 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: _____
Signature of Authorized Representative – If filled via computer, Brush Script font

_____ _____
Title Date

PERMIT APPROVAL BY PERMITTING AUTHORITY
The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of Vernon County including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect at the date of this application.

Supplemental Provisions Attached: Yes No

By: _____
Authorized Representative for Vernon County

_____ _____
Title Date