City of Antigo Street Department Right-Of-Way Work Permit

Date of Issue: / / Proposed Date of Excavation: / /

Purpose of Proposed Excavation:_____

Location of Proposed Excavation:_____

Name of Owner of Excavation Site:_____

Address of Owner:_____

Type of Existing Surfacing:_____ Maximum Depth of Excavation: _____feet

Y N Excavating into existing street. **Y N Sidewalk being removed**

Y N Curb & gutter being removed **Comment_____**

If any concrete or blacktop is removed, it must be replaced within 60 days of project completion by the permittee until weather permits replacement. Deadline for concrete or blacktop replacement, removed during winter excavation, will be May 30th. Concrete will be replaced by contractor bonded in the City of Antigo and will be installed according to City of Antigo Sidewalk Specifications.

Digger Hotline Number:_____

Applicant Name:_____

Address_____

Phone Number to Contact:_____

Bond #_____ Expiration Date: / /

Bond Holder Name:_____

DPW Representative:_____

THE CITY OF ANTIGO HAS NO KNOWLEDGE OF THE LOCATION OF PRIVATE SANITARY LATERALS OR PRIVATE WATER SERVICES. CONTRACTOR WILL BE RESPONSIBLE FOR ANY DAMAGE TO SANITARY LATERALS AND/OR WATER SERVICES.

1.) **Permittee shall be responsible for locating and protecting all underground utilities.**
2.) **Permittee will be responsible for following all State of Wisconsin Uniform Traffic Control specifications for safety on all city streets and highways.**
3.) **Permittee is responsible for obtaining all other required permits.**
4.) **Permit holder will be responsible for informing property owner of all possible costs including replacement and restoration.**

PERMIT # _____ **PRICE: $35.00 Per Ordinance**

PERMIT MUST BE KEPT ON JOBSITE DURING EXCAVATION PROCESS FOR INSPECTION BY CITY OF ANTIGO PERSONNEL. PERMIT IS VALID FOR 3O DAYS AFTER DATE OF ISSUANCE. PERSON SIGNING THIS PERMIT WILL BE HELD RESPONSIBLE FOR ALL REPAIRS AND RESTORATIONS AND AGREES TO BE BOUND BY THE CITY OF ANTIGO'S RIGHT OF WAY WORK PERMIT GUIDELINES ATTACHED HERETO. IF REPAIRS AND/OR RESTORATION IS NOT PERFORMED TO CITY SPECIFICATIONS, CITY WILL MAKE SUCH REPAIRS AND/OR RESTORATION AND PERMITTEE WILL BE INVOICED FOR SUCH SERVICES.

SIGNATURE OF APPLICANT_____

DATE:_____