TOWN OF COOPERSTOWN HIGHWAY DEPARTMENT
APPLICATION/PERMIT TO CONSTRUCT, OPERATE, AND MAINTAIN UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY

Applicant/Company: _____

Address: _____

_____

Office Phone: _____

Local Phone & Pager: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION

Highways(s)
Town/Village/City of:

____1/4 of the____1/4 Sec ___T___N___R__E

ADDITIONAL INFORMATION

Annual Service Connection Permit?
___Yes ___No
Utility Work Order#_____
Fee Required? ___Yes ___No Amount $_____

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

UTILITY TYPE	___Electric	___Gas/petroleum	___Communications
	___Water	___Sanitary sewer	___Private line
	___Transmission	___Distribution	___Service *facility size/capacity*_____
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 METHODS:	___Plow	___Trench	___Bore
	___Suspend on poles/towers		___Open cut hwy
	___Cased	___Tree cutting/removal	___Chemical treatment-
Erosion Control Designation:	___Major ___ Minor	trees/brush	

Provide additional narrative if needed:_____
NAME & PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION
_____
Estimated start date:___/___/____ Estimated completion/restoration date:___/___/_____
The applicant understands and agrees that the permitted work shall comply with all permit provisions & 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 plan, details, or notes attached hereto and made a part thereof.

By:_____ _____/____/_____
(Signature of Applicant/Co. Authorized Representative) (Title) (Date)

_____ _____
(Type/print name of person signing above or electronic signature code) (Authorized applicant.Co. Rep. Phone no.)

DO NOT WRITE BELOW THIS LINE

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 the above-named county 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

General Permit Fee:	$ 75
Annual Service Fee:	$100
Open Cut Permit Fee:	$250

By:_____
(Authorized Rep. for Highway Dept)

_____/____/____/
(Title) (Date)

FEE RECEIVED: $_____

CHECK NO.:_____

DATE ISSUED:____/____/____

HWY. PROJECT #_____

PERMIT NO._____

Comments/Special Provisions:_____