

Juneau

COUNTY HIGHWAY DEPT

APPLICATION/PERMIT to CONSTRUCT, OPERATE and MAINTAIN UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY

Application/Company: _____

Address: _____

Office Phone: _____

Local Phone & Pager: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION

Highway(s): _____

Town/Village/City of: _____

____ ¼ of the ____ ¼ sec ____ T ____ N R ____ W

ADDITIONAL INFORMATION

Annual Service Connection Permit? Yes No

Utility Work Order # _____

Fee Required? Yes No Amount \$ _____

DESCRIPTION OF PROPOSED WORK (Check all that apply)

UTILITY TYPE: Electric Gas/petroleum Communications Private Line Sanitary Sewer Water 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 METHODS: Plow Trench Suspend on poles/towers Open cut Hwy Cased Bore

Chemical Treatment of trees/bush Tree cutting/removal Erosion Control Designation: Major Minor

Provide additional narrative if needed: _____

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

Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____

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 Applicant/Company Authorized Representative) _____ (Title) _____ (Date)

(Typed/Printed Name of Person Signing Above or Electronic Signature Code)

(Authorized Applicant/Company Representative Telephone Number)

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

By: _____ (Authorized Representative for County)

(Title)

(Date)

Please Bury Utility to Max. Depth. All Road Right of way Shale be Repaired to Same or Better Condition. All Utilities should be 15 feet from the Paved surface.