

Town of Wayne 6030 Mohawk Road Campbellsport, WI 53010 Phone: (262)626-4818 FAX: (262)626-1958 EMAIL: clerk@townofwayne.washco.wi.gov	Right of Way Work Permit	#: _____
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APPLICANT	
Company:	
Email:	
Address:	
Phone #;	
Applicant Work Order-if any:	

UTILITY (Responsible for work)	
Company:	
Address:	
Contact Name:	
Contact Email:	
Contact Phone #;	

Description of Work	
Type of Work Being Done:	
Location of work (road location/s):	

Estimated start date:		Estimated completion date:			
Work Type:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Removal	<input type="checkbox"/> Improve/Maintain	<input type="checkbox"/> Abandon	
Utility Orientation:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	<input type="checkbox"/> Cross Right of Way		
			<input type="checkbox"/> Parallel to Right of Way		
Method:	<input type="checkbox"/> Trench (length___)	<input type="checkbox"/> Plow (length___)	<input type="checkbox"/> Boring (length___)		
	<input type="checkbox"/> Suspend on new poles (number of poles___)		<input type="checkbox"/> Suspend on existing poles		
Minimum fee \$50		\$500/ road mile of work x _____ Total miles=\$_____			
Bond if required \$_____			TOTAL \$_____		

<u>Signature of Applicant:</u>	<u>Date:</u>
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The applicant agrees to comply with the Municipal Ordinances.

Approved by:	Title:	Date:
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Return to the Town of Wayne at Email or mailing address above.