



TOWN of OAKFIELD

WORK IN THE RIGHT-OF-WAY PERMIT

Mail or email Application to: Town of Oakfield Permit Issuer
W8965 Oak Center Road, Oakfield, WI 53065
townoakfield.wi.clerk@gmail.com
(920) 517.6727

Office Use Only
Date Issued: _____
Fee: _____
Permit Number: _____

Applicant Information * Contractor Utility Owner Other: _____
Name (print): _____ Company: _____
Address: _____ Telephone: _____
e-mail: _____

Contractor Information * (If Different from Applicant) Contact Name: _____
Contractor to Perform Work: _____ Cell Number: _____

Location of Work * Address: _____ Street Excavation Ditch Excavation
Street: _____ From: _____ To: _____

Description of Work * New Replacement Repair Abandonment / Removal

General Description: _____
Estimated start date: _____ Estimated completion date: _____

Utility Construction (Type):	Utility Construction (Description):	Sidewalk / Driveways / Landscaping / Other
<input type="checkbox"/> Gas	<input type="checkbox"/> Main Line (Size: _____")	<input type="checkbox"/> Sidewalk - No. Panels Removed _____
<input type="checkbox"/> Electric	<input type="checkbox"/> Service/Lateral (Size: _____")	<input type="checkbox"/> Sidewalk (complete)
<input type="checkbox"/> Telephone / Fiber Optic	<input type="checkbox"/> Tap (Size: _____")	<input type="checkbox"/> Driveway Approach
<input type="checkbox"/> Cable TV	<input type="checkbox"/> Valve (Size: _____")	<input type="checkbox"/> Curb Cut
<input type="checkbox"/> Utility Pole/Street Light	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Sanitary Sewer	Installation Method	<input type="checkbox"/> Core Sample
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Open Cut <input type="checkbox"/> Overhead	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Water	<input type="checkbox"/> Auger/Bore/Trenchless	

Additional Comments: _____

Surface Restoration Requirements

Required under this permit: Temporary Permanent None
Material(s): _____ " Asphalt _____ " Concrete Grass / Other:

Permit approval is subject to the following conditions:

1. The Applicant is responsible to obtain any further permits that may be required for this project.
2. The Applicant shall install the proposed facilities as shown on the plan(s) that were submitted to the Town of Oakfield.
3. The field representative shall have a copy of the approved permit on-site at all times.
4. This permit is subject to IMMEDIATE REVOCATION the conditions of this permit are not followed or if unfavorable traffic conditions develop.
5. Upon completion of work contact the Town Permit Issuer at 920-517-6727 for inspection.

The applicant, in exchange for receiving this permit, warrants that all right-of-way/road excavations shall be performed in conformity to Town ordinances, standards and specifications, be properly barricaded and lighted, and be performed in a workmanlike manner. In the event that the Town specifications and/or permit conditions are not followed, the applicant agrees to assume liability for any costs incurred by the Town for corrective work required to bring the subject area into compliance with said specifications. By applying for and accepting this permit, permit holder agrees to assume liability for any and all damages resulting from his occupancy, use or excavation of the street or premises. No work shall commence prior to approval of this permit.

The applicant shall make all permanent or temporary repairs to any/all excavations caused by the work done herein as directed by the Town. All repairs shall be done in accordance with standards and specifications in place at the time this permit is issued.

My signature, as the applicant/permittee, acknowledges that I have read the above, understand the same and agree to be bound by the terms herein.

Applicant Signature: _____ **Date:** _____

Office Use Only

Date Application Submitted _____ Received By _____

Fee Submitted _____

Additional Comments _____

APPROVED BY: _____ **DATE:** _____

(01-2020) Town of Oakfield Permit Issuer