

TOWN OF RED CEDAR UTILITY PERMIT APPLICATION

Town of Red Cedar • Dunn County, Wisconsin • Correspondence: E6990 720th Avenue, Menomonie, WI 54751
 Chairman - (715) 556-2244 • Clerk – (715) 556-5034 • FAX – (877) 353-4976
 Email - clerktownofredcedar@gmail.com • Website – townofredcedar.com

Applicant/Company: _____

Address: _____

Office Phone: _____

Local/Cell Phone: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION	
Town Road and Legal Description: _____ _____	
ADDITIONAL INFORMATION	
Utility Work Order No.: _____	
Easement request included: <input type="checkbox"/> -No <input type="checkbox"/> -Yes	
Fee(s) Required: <input type="checkbox"/> -No <input type="checkbox"/> -Yes Fee Total Due: \$ _____	
Fee Type: <input type="checkbox"/> -General <input type="checkbox"/> -Annual Service <input type="checkbox"/> -Open Cut	

DESCRIPTION OF PROPOSED WORK (Check all that apply) **Provide additional narrative, on back of this application, if needed.**

UTILITY TYPE:	<input type="checkbox"/> -Electric	<input type="checkbox"/> -Gas/petroleum	<input type="checkbox"/> -Communications	<input type="checkbox"/> -Water
	<input type="checkbox"/> -Sanitary sewer	<input type="checkbox"/> -Private line	<input type="checkbox"/> -Service facility size/capacity	<input type="checkbox"/> -Distribution
	<input type="checkbox"/> -Transmission			
ORIENTATION:	<input type="checkbox"/> -Overhead	<input type="checkbox"/> -Underground	<input type="checkbox"/> -Parallel to road centerline	<input type="checkbox"/> -Tunnel
	<input type="checkbox"/> -Bridge attachment	<input type="checkbox"/> -Road crossing		
WORK TYPE:	<input type="checkbox"/> -Maintenance	<input type="checkbox"/> -New construction	<input type="checkbox"/> -Improve/repair existing	<input type="checkbox"/> -Abandon in place
	<input type="checkbox"/> -Removal			
CONSTRUCTION:	<input type="checkbox"/> -Plow	<input type="checkbox"/> -Trench	<input type="checkbox"/> -Bore	
METHODS:	<input type="checkbox"/> -Open cut road	<input type="checkbox"/> -Suspend on pole/towers	<input type="checkbox"/> -Chemical treatment	<input type="checkbox"/> -Tree cutting/removal
	<input type="checkbox"/> -Cased			
EROSION CONTROL DESIGNATION:	<input type="checkbox"/> -Major	<input type="checkbox"/> -Minor	<input type="checkbox"/> -Trees/brush	

NAME AND 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 and conditions of the Utility Ordinance of the Town of Red Cedar 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)

(Print name of person signing above) (Authorized applicant company representative phone 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 Ordinance of the Town of Red Cedar (2016-19).

Supplemental Provisions Attached: -Yes -No General Permit Fee: \$ _____
 Annual Service Fee: \$ _____
 Open Cut Permit Fee: \$ _____
 Approved By: _____ Easement included: -Yes -No
 (Authorized designee of the Town of Red Cedar)

 (Title) (Date)

Fees Received: \$ _____
Check No.: _____
Receipt No.: _____
Date Permit Issued: _____
Road Project No.: _____
Permit No.: _____

Comments/Special Provisions: _____
 NOTE: This application, when officially approved by the Permitting Authority, shall serve as the Permit needed from the Town of Red Cedar. It is the responsibility of the applicant to obtain other permits that may be required from federal, state, and/or county agencies.