

<b>TOWN OF VERONA PUBLIC WORKS DEPARTMENT 335 NORTH NINE MOUND ROAD VERONA WI 53593-1035 (608) 845-7187</b>		<b>APPLICATION AND PERMIT FOR STREET OPENING AND/OR TO CONSTRUCT MAINTAIN OR REPAIR WITHIN TOWN ROAD RIGHT-OF-WAY - Complete the following sections thru ++</b>	
PERMIT NO.	DATE		
STREET NAME-RURAL NUMBER	NAME OF COMPANY		
LOCATION-SECTION	NAME OF REPRESENTATIVE OR PROJECT MANAGER		
CERTIFIED SURVEY NUMBER and LOT NUMBER	ADDRESS		
ESTIMATED STARTING DATE	OFFICE PHONE	CELL PHONE	
ESTIMATED COMPLETION DATE	FAX NO.	EMAIL ADDRESS	
TYPE OF STREET OPENING			
TYPE OF UTILITY INSTALLATION			
UTILITY LOCATION <input type="checkbox"/> to cross right of way <input type="checkbox"/> overhead <input type="checkbox"/> parallel to right of way <input type="checkbox"/> underground		PROPOSED METHOD OF INSTALLATION <input type="checkbox"/> TUNNEL <input type="checkbox"/> JACK & BORE <input type="checkbox"/> SUSPEND ON POLES <input type="checkbox"/> PLOW <input type="checkbox"/> CASSED <input type="checkbox"/> SUSPEND ON TOWERS	
In consideration of being permitted to make such excavation, I hereby agree that I will faithfully comply with the terms of this permit, including special provisions and conditions listed below or attached hereto, and any and all plans, details or notes attached hereto and made a part thereof; that I will comply with all applicable statutes, ordinances, rules and regulation of the State of Wisconsin and the Town of Verona; that I will leave the street, alley or terrace in as good or better condition than existed prior to commencing the work; that all restoration on the street, sidewalk, alley or terrace affected by my acting upon this permit shall be completed within the (10) calendar days of the closing of the excavation; that I agree this permit may be voided by the <b>Town Chair</b> if the work is not started within a reasonable length of time after the above stated starting date; and that I will comply with Dane County and Town of Verona ordinances and Dane County Erosion Control and Stormwater Management.			
_____ Signature, Owner or Authorized Representative			DATE _____
PRINT/TYPE Full Name			
<b>DRAWING OF LOCATION AND WORK TO BE PERFORMED AND TRAFFIC CONTROL PLAN, IF APPLICABLE, MUST BE SUBMITTED WITH APPLICATION. ++</b>			

PERMIT CONDITIONS:1) The owner or representative shall notify the **Town Office 845-7187(or Public Works 848-1219)** a minimum of 48 hours prior to beginning any work in public right of way. 2.) 3.)

<b>SPECIAL PROVISIONS:</b> 1) All open trenches shall be filled with compacted granular material. 2) Pavement patches shall be replaced in kind, minimum 10" crushed stone, 3 1/2" asphaltic binder cse., 1 1/2" asphaltic surface cse. Cold mix in winter (temporary). Shall be replaced with hot mix in spring no later than June 1 3) Driveways shall be 3" asphaltic concrete over 3" crushed aggregate base course (D.O.T. Gradation #3) 4) Terraces shall be seeded within 10 days of starting work. 5) All open trenches, if not paved, shall be steel plated at the end of each day's work. 6) All replacement items shall conform to the WI DOT Facilities Development Manual Standards or specifications as approved by the Town Chair. 7) The contractor shall be responsible for providing traffic control in accordance with the latest edition Manual on Uniform Traffic Control Devices . 8) No road closings will be permitted without permission of the Town Chair. Other Special Provisions
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<b>PERMIT APPROVAL BY PERMITTING AUTHORITY</b> The foregoing application is hereby approved and permit issued by the Town of Verona subject to full compliance by the applicant with all provisions and conditions stated herein and on the reverse side hereto and all attachments hereto.	
_____ <b>Conditional Approval</b>	_____ <b>Town Chair or Designee</b>
DATE _____	