

TOWN OF COOPERSTOWN HIGHWAY DEPARTMENT
 APPLICATION/PERMIT TO CONSTRUCT, OPERATE, AND MAINTAIN
 UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY

Applicant/Company: _____

Address: _____

Office Phone: _____

Local Phone & Pager: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION
Highways(s) Town/Village/City of: _____ 1/4 of the _____ 1/4 Sec ____ T ____ N ____ R ____ E
ADDITIONAL INFORMATION
Annual Service Connection Permit? No <input type="checkbox"/> Yes <input type="checkbox"/> Utility Work Order# _____ Fee Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____

DESCRIPTION OF PROPOSED WORK (Check & fill out all that apply)

UTILITY TYPE Electric Gas/petroleum Communications Water Sanitary sewer Private line
 _____ *Service facility size/capacity* *Distribution* *Transmission*

ORIENTATION: Overhead Underground Parallel to hwy centerline
 Tunnel Bridge attachment Hwy crossing

WORK TYPE: New construction Improve/repair existing Maintenance
 Abandon in place Removal

CONSTRUCTION Plow Trench Bore
 METHODS: Suspend on poles/towers Open cut hwy
 -Chemical treatment Tree cutting/removal Cased
Erosion Control Designation: Major Minor trees/brush

Provide additional narrative if needed: _____

NAME & 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 & 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 plan, details, or notes attached hereto and made a part thereof.

By: _____ / /
 (Signature of Applicant/Co. Authorized Representative) (Title) (Date)

 (Type/print name of person signing above or electronic signature code) (Authorized applicant.Co. Rep. Phone no.)

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 General Permit Fee: \$ 75
 Annual Service Fee: \$100
 By: _____ Open Cut Permit Fee: \$250
 (Authorized Rep. for Highway Dept)

 (Title) (Date)

FEE RECEIVED: \$ _____
CHECK NO.: _____
DATE ISSUED: ____/____/____
HWY. PROJECT # _____
PERMIT NO. _____

Comments/Special Provisions: _____