



TOWN of MARSHFIELD

WORK IN THE RIGHT-OF-WAY PERMIT

Mail or email Application to: Town of Marshfield Permit Issuer
999 Fond du Lac St, P.O. Box 94, Mt. Calvary, WI 53057
townclerk@townofmarshfieldwi.gov
920-753-1082

Office Use Only

Date Issued: _____

Fee: _____

Permit Number: _____

Base Fee - \$75*

Includes up to 100 ft of pipe/cable

Additional pipe/cable - \$0.10 per ft

Max Fee - \$500

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: _____

<u>Utility Construction (Type):</u>	<u>Utility Construction (Description):</u>	<u>Sidewalk / Driveways / Landscaping / Other</u>
<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	<u>Installation Method</u>	<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 Marshfield.
 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 if the conditions of this permit are not followed or if unfavorable traffic conditions develop.
 5. Upon completion of work contact the Town Road Supervisor at 920-753-1082 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.

Applicant Signature: _____ **Date:** _____

Office Use Only

Date Application Submitted _____ Received By _____

Fee Submitted _____

Additional Comments _____

APPROVED BY: _____ **DATE:** _____

(01-2024) Town of Marshfield Chairperson Supervisor Clerk