515 W. Moreland Blvd • AC 220 Waukesha, WI 53188
Office 262-548-7740 Fax 262-896-8097 www.WaukeshaCounty.gov/DPW

APPLICATION FOR PERMIT

MISCELLANEOUS WORK WITHIN THE HIGHWAY RIGHT OF WAY

SECTION I **To be completed by applicant**

Owner Name _____ Date _____

Mailing Address _____ Phone _____

_____

Email _____

County Trunk Highway _____ **along the** _____ **side of the road**

Location: _____ **Quarter • Section** _____ **,T** _____ **N, R** _____ **E**

Select One ☐ _____

Describe the approximate location _____

Describe proposed work _____

_____

_____

_____

PERMIT FEE: $145.00 _____

SECTION II **To be completed by DPW patrol superintendent** Date to Sup. _____

Contacted property owner to discuss / clarify proposed work ☐ Date: _____

Comments: _____

_____

Patrol Superintendent _____ Date: _____

SECTION III **To be completed by DPW-Engineering Services** **Permit Number** _____

Contacted property owner to discuss ☐ CTH Segment: _____ Date: _____

Additional comments / conditions:

_____

_____

_____

Reviewed by _____ Date: _____ Date Paid: _____

Copy to Superintendent: ☐ Nash ☐ NB ☐ NP ☐ Sus