

515 W Moreland Blvd • AC220 Waukesha WI **53188** phone **262-548-7740** fax **262-896-8097** www.WaukeshaCounty.gov/DPW

## APPLICATION FOR PERMIT SIGN INSTALLATION WITHIN THE HIGHWAY RIGHT OF WAY

To be completed by t	ne applicant			Date:	
Owner Name				Phone:	
Mailing Address					
-					
County Trunk Highway:	nty Trunk Highway: Along the			side of the road	
Location:	_ Quarter, S	ection	,T	N, R	E
select one					
Describe the approximate	location				
Describe the proposed w	ork				
	<del></del>				
<b>PERMIT FEE:</b> \$210.00					
SECTION II To be completed D	PW patrol super	intendent		Date to Sup	
Contacted property owner	to discuss / cla	arify the propo	sed work	Date:	
Comments:					
<del></del>	<del></del>				
Patrol Superintendent _				Date	
SECTION III To be completed to	ov DPW-Enginee	ring Services		Permit Number	
			Segment:	Date	
Comments and / or condition			_	_ <b>_</b>	
Comments and 7 or condition	s				
		· · · · · · · · · · · · · · · · · · ·			
Reviewed by			_ Date		
Copy to Superintendent:	Nash	NB	NP	Sus	