

Permit for Work Within City right of Way

1. Purpose:

The purpose of this document is to obtain the necessary information prior to work being performed within the City right of way. Please fill out the permit and return to the address above or via email or [admin@cityofkewaunee.org](mailto:admin@cityofkewaunee.org)

2. Applicant Information:

Name (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email or Fax: \_\_\_\_\_

3. Project Location:

(Use Street Names) \_\_\_\_\_

4. Project Description:

(Attach sheets \_\_\_\_\_

if necessary) \_\_\_\_\_

5. Government Entities Involved:

Provide the following information regarding government (State and Federal) departments overseeing this project.

Name (s) of contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email or Fax: \_\_\_\_\_

Name (s) of contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email or Fax: \_\_\_\_\_

6. Traffic Control Contact Person:

Name (s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone (24 hr) \_\_\_\_\_

7. Insurance Information:

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email or Fax: \_\_\_\_\_  
Coverage: \_\_\_\_\_

8. Certification:

The undersigned hereby certifies that the above and foregoing information is true and correct, and the applicant understands that he/she will be liable for any damages, repairs or reconstruction incurred as a result of the proposed work in the City's right of way.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

City Approval:

The city hereby approves the permit for the work within City right of way.

\_\_\_\_\_  
Director of Public Works

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date