

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

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