

TOWN of MARSHFIELD

WORK IN THE RIGHT-OF-WAY PERMIT

Office Use Only
Date Issued: _____
Fee: _____
Permit Number: _____

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

Fee \$75
 100 ft or less pipe/cable - \$75
 Each additional ft - \$.10 per ft to a maximum of \$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: _____	
Utility Construction (Type):	Utility Construction (Description):		Driveways / Landscaping / Other	
Gas	Main Line	(Size: _____ ")		_____
Electric	Service/Lateral	(Size: _____ ")		
Telephone / Fiber Optic	Tap	(Size: _____ ")	Driveway Approach	
Cable TV	Valve	(Size: _____ ")	Curb Cut	
Utility Pole/Street Light	Hydrant		Landscaping	
Sanitary Sewer	Installation Method		Core Sample	
Storm Sewer	Open Cut	Overhead	Other: _____	
Water	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 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.

My signature, as the applicant/permittee, acknowledges that I have read the above, understand the same and agree to be bound by the terms herein.

Applicant Signature: _____ **Date:** _____

Office Use Only	
Date Application Submitted _____	Received By _____
Fee Submitted _____	_____
Additional Comments _____	

APPROVED BY: _____ **DATE:** _____

(08-2023) Town of Marshfield Chairperson Supervisor Clerk