

# TOWN OF LAND O' LAKES

## APPLICATION/PERMIT TO CONSTRUCT, OPERATE AND MAINTAIN UTILITIES WITHIN HIGHWAY/TOWN ROAD RIGHT-OF-WAY OR ON OR ACROSS TOWN OWNED PROPERTY

Applicant/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Plans Prepared By: \_\_\_\_\_  
 Preparer's Phone: \_\_\_\_\_

**LOCATION INFORMATION**

Town of Land O'Lakes Highway (s)/Town Road, or Property Parcel: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ T \_\_\_\_\_ N \_\_\_\_\_ R \_\_\_\_\_ E

**ADDITIONAL INFORMATION**

Annual Service Connection Permit?  Yes  No  
 Utility Work Order # \_\_\_\_\_  
 Fee Required?  Yes  No Amount \$ \_\_\_\_\_

**DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)**

UTILITY TYPE:  Electric  Gas/Petroleum  Communications  Water  Sanitary Sewer  Private Line  
 Transmission  Distribution  Service Facility Size/Capacity: \_\_\_\_\_  
 (diameter, #fibers, psi, Kv, etc.)

ORIENTATION:  Overhead  Underground  Parallel to hwy centerline  Hwy crossing  Bridge attachment  
 Tunnel

WORK TYPE:  New construction  Improve/repair existing  Maintenance  Removal  Abandon in place

CONSTRUCTION METHOD(S):  Plow  Trench  Bore  Suspend on poles/towers  Open cut hwy  
 Cased  Tree cutting/removal  Chemical treatment of trees/brush Erosion Control Designation:  Major  Minor

Provide additional narrative if needed: \_\_\_\_\_  
 \_\_\_\_\_

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION:

Estimated Starting Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodations Policy of the Town of Land O' Lakes in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

BY: \_\_\_\_\_ (Signature of Applicant Authorized Representative) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

\_\_\_\_\_  
 (Typed/Printed Name of Person Signing Above) (Authorized Applicant Representative Telephone Number)

**DO NOT WRITE BELOW THIS LINE**

**PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the Town of Land O' Lakes including the Indemnification as included in 96.03 or the WCHA utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached:  Yes  No

By: \_\_\_\_\_ (Authorized Representative for Town)  
 \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

FEE RECEIVED: \$ \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_  
 DATE ISSUED: \_\_\_\_\_  
 HWY PROJECT #: \_\_\_\_\_  
 PERMIT NUMBER: \_\_\_\_\_