

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: _____

<p>LOCATION INFORMATION</p> <p>Town of Land O'Lakes Highway (s)/Town Road, or Property Parcel: _____</p> <p>_____</p> <p>_____ 1/4 of the _____ 1/4 Sec _____ T _____ N _____ R _____ E</p> <p>_____</p> <p align="center">ADDITIONAL INFORMATION</p> <p>Annual Service Connection Permit? _____ Yes _____ No</p> <p>Utility Work Order # _____</p> <p>Fee Required? _____ Yes _____ No Amount \$ _____</p>

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:	_____