



**Department of Public Works**

W240N3065 Pewaukee Road  
Pewaukee, WI 53072  
Phone: (262) 691-0804 • Fax: (262) 691-5729  
Email: publicworks@pewaukee.wi.us

**PERMIT TO CONSTRUCT, MAINTAIN OR REPAIR UTILITIES  
WITHIN THE CITY OF PEWAUKEE STREET RIGHT-OF-WAY**

**APPLICANT INFORMATION** (Please Print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Contractor: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Type of Utility Installation: \_\_\_\_\_

Plans Prepared By: \_\_\_\_\_

**REQUIRED: ONE SET OF PLANS AND RETURN ENVELOPE**

**PROPOSED METHOD OF INSTALLATION:**

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Tunnel        | <input type="checkbox"/> Suspend on existing poles | <input type="checkbox"/> Cased  |
| <input type="checkbox"/> Jack and bore | <input type="checkbox"/> Suspend on new poles      | <input type="checkbox"/> Trench |
| <input type="checkbox"/> Open cut      | <input type="checkbox"/> Number of new poles       | <input type="checkbox"/> Plow   |

Estimated Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated Restoration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions listed, attached or included herein, and any special provisions, details, plans or notes attached hereto and made a part thereof.*

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Authorized Applicant)

<b>PERMIT APPROVED BY CITY OF PEWAUKEE AUTHORITY</b>	<b>FOR OFFICE USE ONLY</b>
The foregoing application is hereby approved and permit issued by City of Pewaukee subject to full compliance by the Applicant with all provisions.	
Application Fee: <u>\$50.00</u>	Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Cash Deposit: <u>\$1,000.00</u>	(Refund of deposit after 1 year of restoration completion.)
Approved by: _____	Date: _____