VILLAGE OF
LAC LA BELLE

W359N6812 Brown Street * Oconomowoc, WI 53066
* 920-474-4449 * Fax 920-355-4091*
sam@laclabelle-wi.gov

PERMIT TO CONSTRUCT, MAINTAIN, OR REPAIR UTILITIES WITHIN RIGHT-OF-WAY

Permit Number _____ Date _____

$100.00 Permit Fee: Cash: _____ Check: _____

Request by Applicant

Name: _____

Address: _____

Phone #: _____

Type of Utility Installation: _____

Plans Prepared By: _____ Copy Enclosed _____Yes _____No

LOCATION OF EXCAVATION

Street _____ At/From _____ To _____

1) Describe the approximate location: _____
_____

2) Describe the proposed work: _____
_____

NOTE: Before a Street Opening Permit will be issued the following items must be reviewed by the Village of Lac La Belle:

1) Certificate of Insurance indicating liability and workmen's compensation coverage.
2) Permit or Construction Bond in the amount of $ _____

THIS PERMIT WILL EXPIRE 30 DAYS FROM THE DATE OF ISSUANCE

Purpose	Type of Utility	Opening Location
___ New Service	___ Sanitary Sewer	___ Roadway
___ Repair Service	___ Storm Water	___ Tree Border
___ Retire Service	___ Gas Main	___ Sidewalk
___ Replace Service	___ Electrical	___ Underground
___ Jack & Bore	___ Telephone	___ Overhead
___ Open Cut	___ Cable TV	___ To cross Right-of-Way
___ Tunnel	___ Other	___ Other
___ Other		

X All excavated areas **MUST** be marked with lighted barricade(s)

OVER > > > > >

Existing Roadway Surface: ___ Concrete ___ Asphalt ___ Gravel ___ Other

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Patch Requirements: Per the Village of Lac La Belle Ordinance.

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions listed on the reverse side hereof, any special provisions listed below or attached hereto, and any and all plans, details or notes attached hereto and made a part thereof.

By _____ Title _____

(Signature of Authorized Utility Representative) Date _____

This portion to be completed by the Village of Lac La Belle Personnel Only

Permit approved by the Village of Lac La Belle: _____ Date: _____

Village Personnel Signature

Patch Completed Date: _____ By: _____

Patch Inspected Date: _____ By: _____
