

**TOWN OF CASSEL PERMIT TO CONSTRUCT
MAINTAIN OR REPAIR UTILITIES WITHIN
ROAD RIGHT-OF-WAY**

Permit Number: Road: Town of Cassel _____ ____ 1/4 of ____ 1/4, Sec. ____ T ____ N, R ____ E
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NAME _____

ADDRESS _____

PHONE/CONTACT NUMBER(S) _____

TYPE OF UTILITY INSTALLATION _____

PLANS PREPARED BY _____

UTILITY LOCATION IS: to cross Roadway parallel to C/L of Road
 overhead underground

PROPOSED METHOD OF INSTALLATION:

tunnel trench open cut suspend on towers jack & bore
 cased suspend on poles

Estimated starting date _____ Estimated restoration date _____

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Town of Cassel Utility Policy 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 hereof.

BY _____ TITLE _____ DATE _____
(Signature of Authorized Representative)

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 Town of Cassel Utility Policy in effect on the date of this application.

OTHER SPECIAL PROVISIONS:

BY _____ TITLE _____ DATE _____
(Signature of Authorized Permitting Authority Representative)

- OFF PAVEMENT PERMIT FEE: \$25.00
- INSPECTION PERMIT FEE: \$50.00

Please remit payment to: Town of Cassel, 223001 Brookfield Road, Marathon, WI 54448