

# Excavation Within Right-Of-Way Permit

Village of Edgar - Phone: 715-352-2891 - Fax: 715-352-2694  
http://www.vil.edgar.wi.us Villagehall@EdgarWI.org

Permit No. \_\_\_\_\_

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

Status: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Project Information:

Location: \_\_\_\_\_

Open Cut

(Circle one)

Boring

Area to be excavated (check all that apply):

Street  Blvd.  Curb/Gutter  Sidewalk  Alley  Other

No. of Traffic Lanes that will close: \_\_\_\_\_

Number of Parking Lanes that will close: \_\_\_\_\_

Purpose of Excavation (Check all that apply):

Water  San. Sewer  Storm Water  Gas  Electrical  Communication  Other

Estimated Start Date: \_\_\_\_\_

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

Note #1: The undersigned understands and agrees to the following: 1) The permitted work shall comply with all permit provisions and conditions listed on and attached to this form; 2) That insurance requirements shall be met prior to approval either by submitting information with application or by keeping current information on file with the Village office; 3) The applicant shall contact Village Public Works 24 hours prior to the closure of any traffic lanes and provide an estimate of the duration of closure. Temporary traffic control shall be provided and maintained by the applicant. Note #2: Once Excavation Permit Fee has been paid, it may not be refunded.

\_\_\_\_\_  
(Print) Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Sign) Authorized Representative

Permit Issued by: \_\_\_\_\_

Permit Conditions:
