



# CITY OF NEW HOLSTEIN EXCAVATION PERMIT

2110 WASHINGTON ST • NEW HOLSTEIN WI 53061 • 920.898.5766 • FAX 920.898.5879

**Permit Fee: \$50.00** must be paid at the time of filing application (fee does not apply to new homes)

<b>CONTRACTOR (please type or print)</b>		<b>Approved Permit:</b> <input type="checkbox"/> Mail <input type="checkbox"/> Call to pick up	
Company Name		Phone	24-hour Emergency Phone No.
Contact Name		e-mail	
Contractor Address		City	St/Zip
<b>Name of the Owner of the Property:</b>			
<b>Address/Location of Street Opening (House No., Street, Nearest Intersection, Development Name):</b>			
Provide copies of scaled drawings showing accurate right-of-way information, topographic information, and planned installation.			
<b>PROJECT (please type or print)</b>			
<b>Nature of Work</b>		<b>Type of Surface to be Disturbed:</b>	
<input type="checkbox"/> Gas Main <input type="checkbox"/> Gas Service <input type="checkbox"/> Electric Main <input type="checkbox"/> Electric Service <input type="checkbox"/> Other _____		<input type="checkbox"/> Telephone Main <input type="checkbox"/> Telephone Service <input type="checkbox"/> Cable Main <input type="checkbox"/> Cable Service <input type="checkbox"/> Gravel <input type="checkbox"/> Bituminous <input type="checkbox"/> Concrete <input type="checkbox"/> Boulevard <input type="checkbox"/> Asphalt <input type="checkbox"/> Sidewalk <input type="checkbox"/> Terrace	
<b>Size and kind of pipe, conduit, or cable:</b> _____			
<b>Length of pipe, conduit, or cable:</b> _____		<b>Depth from Surface:</b> _____	
<b>Dimensions of Excavation:</b> _____			
<b>Method of Installation or Construction (including method of compaction and excavation)</b>			
<b>Number of Traffic Lanes that will close:</b> _____		<b>Number of parking lanes that will close:</b> _____	<b>Start/End Date:</b> _____/_____/_____
This permit approval is subject to the following conditions:			
<ol style="list-style-type: none"> <li>1. Permittee is responsible to obtain any further permits that may be required for this project.</li> <li>2. This permit is subject to immediate revocation if unfavorable traffic conditions develop during the period the obstruction is permitted.</li> <li>3. Contact the Director of Public Works when project is complete.</li> </ol>			

This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described here in. The applicant shall make all permanent or temporary repairs to any/all excavations caused by the work done herein as directed by the City. All repairs shall be done in accordance with standards and specifications in place at the time this permit is issued. My signature, as the applicant/permittee, acknowledges that I have read the above, understand the same and agree to be bound by the terms herein.

Signature of Applicant

Date

### OFFICE USE ONLY:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department of Public Works)

Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Permit No. \_\_\_\_\_