



**APPLICATION FOR WORK IN CITY RIGHT-OF-WAY**

**City of Ashland Public Works Department**

**2020 6th Street East · Ashland, WI 54806 · 715.682.7061**

**www.coawi.org**

START DATE \_\_\_\_\_

COMPLETION DATE \_\_\_\_\_

**Owner Information – Permittee**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone No \_\_\_\_\_ Cell No \_\_\_\_\_

**Contractor Information**

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone No \_\_\_\_\_ Cell No \_\_\_\_\_

**Work Location**

Address (if same as in applicant info, write "same" \_\_\_\_\_

- Street  Alley  Sidewalk  Terrace

**Type of Work - (In Addition a Water and/or Waste Water Repair or New Service Require a Utility Application)**

- Storm Water  Driveway  Sidewalk  Landscaping/Tree Planting  Telecommunications  Other

If "Other", please describe: \_\_\_\_\_

Description of work \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Traffic Control Plan:  YES  NO**

Traffic Plan Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONDITIONS OF APPROVAL

In consideration of being permitted to work or use a City right-of-way or place a structure or obstruction in a City right-of-way, the permittee hereby agrees that it will faithfully comply with the terms of the permit as issued by the City of Ashland including any Special Provisions; that it will comply with all applicable statutes, ordinances, rules and regulations of the State of Wisconsin and the City of Ashland; that it will indemnify, defend and hold harmless from any and all claims, liabilities, loss, damage or expense incurred by the City of Ashland on account of any injury or death of any person or damage to property caused by or resulting from activities or work performed under this permit, that it will at all times keep the place where such work or activities are taking place is properly guarded by day and lighted by night. That it will backfill and compact all open trenches using methods and equipment that comply with City standards; that it will leave the street, sidewalk, alley or terrace in as good or better condition than existed when work was commenced; that all restoration of the street, sidewalk, alley or terrace affected by acting upon this permit shall be complete within the time frame designated by the Dept. of Public Works; the permittee shall guarantee their work and shall maintain it for thirty-six (36) months following the date of completion; that if the project requires a detour, it will provide the Public Works Department seventy two (72) hours notice prior to commencement of; that it agrees this permit may be voided by the Director of Public Works if the activity is not started within a reasonable length of time after the above stated start date; that erosion control Best Management Practices must be followed to prevent soil, debris, and other material from leaving the construction site; that it must contact **Digger's Hotline at (800) 242-8511** prior to digging to locate all utilities in the work zone.

Furthermore, the permittee agrees to provide the City of Ashland minimum notice as follows: **(1)** Forty-eight (48) hours prior to starting permitted activities and upon completion of said activities the permittee shall notify the Public Works Department at (715) 682-7061 **(2)** Twenty-four (24) hours prior to any required inspections the permittee shall contact the Public Works Department at (715) 682-7061. Please note that failure to provide adequate notice will result in re-excavation of any trench at the owner's expense so the City can inspect the work performed.

\_\_\_\_\_  
Signature of Permittee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Contractor Acknowledgement/License No. \_\_\_\_\_

**APPLICATION FEE \$150.00**

**Additional Conditions of Approval:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*OFFICE USE ONLY\*\*\*\***

Application Complete     Area Map Completed     Bond on File     Insurance on File

Approved     Denied (Reason) \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Authorized Permitting Authority Representative

Application Fee \$ \_\_\_\_\_     Check Number \_\_\_\_\_     Cash

PERMIT NO. \_\_\_\_\_    EXPIRATION DATE \_\_\_\_\_