



EXCAVATION WITHIN RIGHT-OF-WAY PERMIT

Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-7367
<http://www.cityoflacrosse.org> engineering@cityoflacrosse.org

Permit No.:

Date:

Munis #:

STATUS:

CONTRACTOR	Name: C VINER PLUMBING & EXCAVATING			
	Address: S1719 HUGHES RD			
	City: WESTBY	State: WI	Zip Code: 54667	
	Phone:	Cell: 6087905458	Fax:	Email:

PROJECT	Location of Excavation: 1102 14TH ST SO.		
	<input checked="" type="radio"/> Open Cut (Circle One) <input type="radio"/> Boring		
	Area to be excavated (check all that apply): <input checked="" type="checkbox"/> Street <input checked="" type="checkbox"/> Blvd. <input type="checkbox"/> Curb/Gutter <input checked="" type="checkbox"/> Sidewalk <input type="checkbox"/> Alley <input type="checkbox"/> Other		
	Number of Traffic Lanes that will Close: 1		Number of Parking Lanes that will Close: 1
	Purpose of excavation (Check all that apply): <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> San. Sewer <input type="checkbox"/> Storm Water <input type="checkbox"/> Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Communication <input type="checkbox"/> Other:		
Estimated Start Date: 11-16-2022		Completion Date: 11-18-2022	

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 Engineering Department.; 3) The applicant shall contact City Dispatch and the City Traffic Engineer 24 hours prior to the closure of any traffic lanes and shall provide an estimate of the duration of closure. Temporary traffic control shall be provided and maintained by the applicant and shall comply with Part 6 of the Manual on Uniform Traffic Control Devices (MUTCD).

Note #2: Once invoiced, application fees may not be refunded.

CHAD VINER

OWNER

11-7-2022

(PRINT) AUTHORIZED REPRESENTATIVE

TITLE

DATE

Chad R. Viner

(SIGN) AUTHORIZED REPRESENTATIVE

Office Use Only	Customer #:	Invoice #:
	Permit Issued By:	
	Permit Conditions:	