



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: A-1 Excavating, Inc.			
	Address: PO Box 90			
	City: Bloomer		State: WI	Zip Code: 54724
	Phone: 715-568-4141	Cell: 715-456-9091	Fax: 715-568-4144	Email: agingras@a1excavating.com

PROJECT	Location of Excavation: Old Town Hall Road & Robil Ct. W.	
	<input checked="" type="checkbox"/> Open Cut (Circle One) <input type="checkbox"/> Boring	
	Area to be excavated (check all that apply): <input checked="" type="checkbox"/> Street <input type="checkbox"/> Blvd. <input type="checkbox"/> Curb/Gutter <input type="checkbox"/> Sidewalk <input type="checkbox"/> Alley <input type="checkbox"/> Other	
	Number of Traffic Lanes that will Close:	Number of Parking Lanes that will Close:
	Purpose of excavation (Check all that apply): <input checked="" type="checkbox"/> Water <input 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: 5/15/18		Completion Date: 6/15/18

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.

Al Gingras

Project Manager

05/25/18

(PRINT) AUTHORIZED REPRESENTATIVE

TITLE

DATE

(SIGN) AUTHORIZED REPRESENTATIVE

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

Novak, Karen

From: Al Gingras <agingras@a1excavating.com>
Sent: Friday, May 25, 2018 10:54 AM
To: Novak, Karen
Subject: Excavation Permit
Attachments: Excavation_Permit_Application.pdf

*** **CAUTION:** This email originated from an external sender. **DO NOT** click links or open attachments unless you recognize the sender and know the content is safe. ***

Here is the Excavation permit for the City of LaCrosse for the Waterview project.

Thanks,

Al Gingras, EIT
Project Manager
A-1 Excavating, Inc.
Cell 715-456-9091