



**EXCAVATION WITHIN RIGHT-OF-WAY PERMIT**  
 Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-7367  
<http://www.cityoflacrosse.org> [engineering@cityoflacrosse.org](mailto:engineering@cityoflacrosse.org)

Permit No.:
Date:
Munis #:

STATUS:

CONTRACTOR	Name: <u>TEC</u>		
	Address: <u>P.O. Box 605</u>		
	City: <u>TOMAH</u>	State: <u>WI</u>	Zip Code: <u>54660</u>
	Phone: <u>608-372-6666</u>	Cell: <u>608-343-0580</u>	Fax: _____ Email: <u>randy@tectomah.com</u>

PROJECT	Location of Excavation: <u>Larson Street - Just South of Cunningham St.</u>	
	<u>2306 COMMERCE ST</u>	Open Cut (Circle One) Boring
	Area to be excavated (check all that apply): <input checked="" type="checkbox"/> Street <input checked="" type="checkbox"/> Blvd. <input checked="" type="checkbox"/> Curb/Gutter <input checked="" type="checkbox"/> Sidewalk <input type="checkbox"/> Alley <input type="checkbox"/> Other	
	Number of Traffic Lanes that will Close: <u>(2) ENTIRE ST.</u>	Number of Parking Lanes that will Close: _____
	Purpose of excavation (Check all that apply): <input 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 checked="" type="checkbox"/> Other:	
Estimated Start Date: <u>TBD</u> ?	Completion Date: <u>2 Days</u> ?	

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.

Tom BAUER  
 (PRINT) AUTHORIZED REPRESENTATIVE

SUPERVISOR  
 TITLE

2-21-19  
 DATE

[Signature]  
 (SIGN) AUTHORIZED REPRESENTATIVE

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