



# 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: HESS EXCAVATING, INC			
	Address: W3939 COUNTY RD M			
	City: COON VALLEY		State: WI	Zip Code: 54623
	Phone: 608788-1700	Cell: 608-780-1370	Fax: 608-788-5257	Email: HESSX5@JUNO.COM

PROJECT	Location of Excavation: 1332 Caledonia St	
	<u>Open Cut</u> (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: 2	Number of Parking Lanes that will Close: 2
	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: 4-11-99	Completion Date: Depending on Mathey	

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.

Michael Hess  
(PRINT) AUTHORIZED REPRESENTATIVE

V.P.  
TITLE

3-31-99  
DATE

Michael Hess  
(SIGN) AUTHORIZED REPRESENTATIVE

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