

Permit No.:	
Date:	

	N WITHIN RIGHT-OF		Permit No.:
engiveering Dept.	- Phone: (608) 789-7505 - Fa Bacusse.org engineerin	ic (@cityoflectorsis .org	Date:
	STATUS:		Munis #:
Name			
Name: C. VINER PLUMBING			
Address: S1719 HUGHES R	OAD		
City: WESTBY	State: WI		Zip Code: 54667
Phone: Cell: 790	5458 Fax:	Email:	
Location of Excavation: 2121		,	in 21st Place)
X	Open Cut (Circle C	One) Boring	
Area to be excavated (check a X Street X Blvd. Curb, Number of Traffic Lanes that	/Gutter 🛛 Sidewalk 🔲 Alle	,	anes that will Close: 1
Purpose of excavation (Check	Storm Water Gas Elec	trical Communica	ation Other:
Estimated Start Date: 10.26.2	020	Completion Date:	.28.2020
Note #1: The undersigned understa	nds and agrees to the following	: 1) The permitted wo	ork shall comply with all permit provision
and conditions listed on and attache	ed to this form; 2) That insurant tion or by keeping current info	ce requirements shall rmation on file with t	be met prior to approval either by ne Engineering Department.; 3) The
applicant shall contact City Dispatch	and the City Traffic Engineer 2	4 hours prior to the cl	osure of any traffic lanes and shall
provide an estimate of the duration	of closure. Temporary traffic co	ontrol shall be provide	ed and maintained by the applicant
ind shall comply with Part 6 of the		trol Devices (MUTCD)	•
Note #2: Once invoiced, application CHAD VINER	tees may not be retunded.	OWNER	10.14.2020
PRINT) AUTHORIZED REPRESENTATI	VE	TITLE	DATE
Charlet II			
SIGN) AUTHORIZED REPRESENTATIV	E		
Customer #:		Invoice #:	
			and the second s
Permit Issued By:			
Permit Conditions:	, , , ,	ICH DI	C D. 1, 201
1900 B	lock of 21	IST PL.	S. Paved in 201

