



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.: 2367

Date: 2/16/24

STATUS:

Munis #:

CONTRACTOR	Name: Metro Fibernet, LLC.		
	Address: 149 Causeway Blvd		
	City: La Crosse	State: WI	Zip Code: 54603
	Phone:	Cell: 608-399-5250	Fax: Email: Lee.Vang@metronet.com

PROJECT	Location of Excavation: WILC025 - 9th St - 12th St - La Crosse St and Badger St. Please See Attachments.	
	<input type="checkbox"/> Open Cut <input checked="" type="checkbox"/> (Circle One) <input type="checkbox"/> Boring <small>Yes</small>	
	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: 0	Number of Parking Lanes that will Close: 0
	Purpose of excavation (Check all that apply): <input type="checkbox"/> Water <input type="checkbox"/> San. Sewer <input type="checkbox"/> Storm Water <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Communication <input type="checkbox"/> Other:	
Estimated Start Date: 2/16/24	Completion Date: 4/30/24	

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.

Lee Vang Project Controls M: 2/16/24
 _____ _____ _____
 (PRINT) AUTHORIZED REPRESENTATIVE TITLE DATE
Lee Vang

 (SIGN) AUTHORIZED REPRESENTATIVE

Office Use Only	Customer #:	Invoice #:
	Permit Issued By:	
	Permit Conditions: <i>La Crosse Street Traffic Control Plan</i>	