



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: Advanced Plumbing Systems LLC		
	Address: 1416 Caledonia Street		
	City: La Crosse	State: Wisconsin	Zip Code: 54603
	Phone: 608-796-9978	Cell:	Fax:
			Email: advancedplumbinginvoices@gmail.com

PROJECT	Location of Excavation: 1322 Johnson Street	
	<input checked="" type="radio"/> Open Cut (Circle One) <input type="radio"/> 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:	Number of Parking Lanes that will Close:
Purpose of excavation (Check all that apply):		
<input 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: August 11th, 2020		
Completion Date: August 12th, 2020		

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.

Robert Kellogg

Owner

08/10/2020
DATE

(PRINT) AUTHORIZED REPRESENTATIVE

TITLE

Robert Kellogg
(SIGN) AUTHORIZED REPRESENTATIVE

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