

# CITY OF VERONA



Public Works Department

410 Investment Ct, Verona, WI, 53593

608-845-6695

[www.ci.verona.wi.us](http://www.ci.verona.wi.us)

Return this form to [eric.schulz@ci.verona.wi.us](mailto:eric.schulz@ci.verona.wi.us)

PERMIT # \_\_\_\_\_

## PERMIT APPLICATION

Construct/Operate/Maintain/Excavate/Repair Utilities within Municipal Right-of-Way

### Applicant/Company Information

Owner Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Plans prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Current Address \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### LOCATION INFORMATION

Address(es) of Proposed Work:

Travel Lane     Parking Lane     Terrace     Sidewalk     Easement/Greenway  
 Other \_\_\_\_\_

### SCHEDULE

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

### TYPE OF FACILITY

Water Service     Water Distribution     Hydrant     Sanitary Service     Sanitary Collection  
 Storm Sewer     Telecommunications     Electric     Gas     Cable  
 Other \_\_\_\_\_

### PURPOSE

New Construction     Improve/Repair Existing     Maintenance     Removal  
 Abandon in Place     Other \_\_\_\_\_

### PROPOSED METHOD OF INSTALLATION

Tunnel     Directional Bore     Open Cut     Suspend on Poles     Plow  
 Cased     Trench     Pot Hole     Other \_\_\_\_\_

### TRENCH TYPE AND SIZE

Asphalt (Show total asphalt dimensions here and provide a drawing) \_\_\_\_\_  
 Non Asphalt Show total non-asphalt dimensions here and provide a drawing) \_\_\_\_\_  
 Concrete     Sod     Other \_\_\_\_\_  
 Bore (Show total bore length here and provide a drawing) \_\_\_\_\_  
 Pot Hole (Show total number of pot holes and provide a drawing) \_\_\_\_\_

**CONNECTIONS TO CITY SANITARY, STORM SEWER, AND WATER SYSTEM**

Connection to City Sanitary for:  New or  Existing  
Number of Connections Pipe Material Diameter

Connection to City Storm for:  New or  Existing  
Number of Connections Pipe Material Diameter

Connection to City Water System for:  New or  Existing  
Number of Connections Pipe Material Diameter

**STRUCTURES**

Will a permanent structure be placed in the public right of way?  Yes  No

If Yes, a copy of a drawing with the location and details of the structure must be attached for this permit to process.

**OTHER**

Drawing showing existing utilities in relation to proposed work is attached.  Yes  No

Applications without a drawing may delay the approval process

**PERMIT FEES**

Base Fee \$75.00  
Inspection Retainage TBD. Large project may require additional inspection.  
Total Utility Permit Fee This amount will be determined by the Director of Public Works.

**SIGNATURES**

**PERMIT VALID UNTIL END OF CALENDAR YEAR.** The applicant has received and agrees that the permitted work shall comply with all permit provisions and conditions in effect at the time of this application, including assuming responsibility for all claims of damage or injury therein, and with any special provisions listed below or attached hereto, and any all plans, details, or notes attached hereto and made a part thereof.

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Municipal Rep: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Permit # \_\_\_\_\_

**TWO YEAR WARRANTY AGREEMENT**  
**(STARTS UPON ACCEPTANCE OF THE COMPLETION CERTIFICATE)**  
(for Utility Permits)

**RECIPIENT'S INFORMATION**

SEND TO:



City of Verona Public Works  
410 Investment Court  
Verona WI, 53593  
Phone #: 608-845-6695  
Fax #: 608-845-5761

**OWNER'S INFORMATION**

FROM:

Owner Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CONTRACTOR PERFORMING WORK**

Owner Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**INFORMATION OF WHERE WORK WAS PERFORMED**

Street Address/Location Description: \_\_\_\_\_  
Project Description (include depth, width, and length): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

As the authorized representative of the above listed company, I hereby agree to accept financial responsibility for the maintenance of the designated utility work associated with the project (utility work, roadway, sidewalk, curb) on or along the above mentioned Municipal road, for the period of two (2) years, from the restoratoin/final acceptance date on the project completion certificate. Lawn restoration and landscaping shall be one (1) year warranty. The warranty begins on the date of acceptance by the municipality. In an emergency situation, or if the Municipality notifies you of a maintenance problem, and it is not resolved in a timely manner, the Municipality will perform the maintenance on the project and all costs would then be billed to the responsible party(ies).

Signature of Authorized Representative:	Date:
Printed Name:	Title:

**FOR OFFICE USE ONLY**

**NOTIFICATION OF RECEIPT**

Signature of Munciple Representative:	Date Accepted:
Printed Name:	Title:

Permit # \_\_\_\_\_

**COMPLETION CERTIFICATE**

(for Utility Permits)

**RECIPIENT'S INFORMATION**

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Current Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**INFORMATION OF WHERE WORK WAS PERFORMED**

Street Address/Location Description: \_\_\_\_\_  
Project Description (include depth, width, and length): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

The work requested under the above mentioned utility permit has been completed. The Municipality can now review to insure proper restoration to the affected Municipal right-of-way has been made>

Signature of Authorized Representative:	Date:
Printed Name:	Title:

**FOR OFFICE USE ONLY**

**UTILITY PROJECT FIELD INSPECTED BY**

Signature of Munciple Representative:	Date Accepted:
Printed Name:	Title: