

**CLARK COUNTY HIGHWAY DEPARTMENT**  
*APPLICATION PROCESS FOR*

**PERMISSION TO CONSTRUCT, OPERATE AND MAINTAIN UTILITIES  
WITHIN THE HIGHWAY RIGHT-OF-WAY**

**Please refer to the provisions and conditions stated in the  
UTILITY ACCOMODATION POLICY**

All Applications/Permits must include:

1. Completed *Application/Permit* (Page 1)
2. Completed *Required Cross Section Information* (Page 2)
3. Location Map
4. Detailed Plans of Utility Work within the Right-of-Way (8.5" x 11" Format)

Currently, you may fill out the form electronically, however you will need to print the form to sign and date it prior to submitting it to our office.

Once signed, you may submit it to the following email address:

[highway.permits@co.clark.wi.us](mailto:highway.permits@co.clark.wi.us)

Please allow 14 days for processing at the Highway Department.

If you are unable to scan and email, you may submit the forms by regular mail to:

Clark County Highway Department  
511 W. South Street  
Loyal, WI 54446

**No faxed permits will be accepted.**

If you include an email address on the front of Page 1, the permit will be returned to that address, unless you specify regular mail.

If you have any questions/concerns, please contact our office at (715) 743-3680.

**CLARK COUNTY HIGHWAY DEPARTMENT**  
**APPLICATION/PERMIT TO CONSTRUCT, OPERATE**  
**AND MAINTAIN UTILITIES WITHIN HIGHWAY RIGHT-OF-WAY**  
 Please allow 14 days for processing at the Highway Department.

Applicant/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Plans Prepared By: \_\_\_\_\_  
 Preparer's Phone: \_\_\_\_\_  
 Preparer's Email: \_\_\_\_\_  
*(Note: Providing email allows faster processing in the event of missing data.)*

LOCATION INFORMATION	
Highway(s): _____	
Town/Village/City of: _____	
_____ 1/4 of the _____ 1/4 Sec _____ T _____ N R _____ E	
ADDITIONAL INFORMATION	
Annual Service Connection Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Work Order #	_____
Fee Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____

**DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)**

UTILITY TYPE:  Electric  Gas/Petroleum  Communications  Water  Sanitary/Sewer  Private Line  
 Transmission  Distribution  Service *Facility Size/Capacity: \_\_\_\_\_*  
*(diameter, # fibers, psi, Kv, etc.)*

ORIENTATION:  Overhead  Underground  Parallel to hwy centerline  Hwy crossing  Bridge attachment  Tunnel  
 WORK TYPE:  New Construction  Improve/repair existing  Maintenance  Removal  Abandon in place  
 CONSTRUCTION METHOD(S):  Plow  Trench  Bore  Suspend on poles/towers  Open cut hwy  Cased  
 Tree cutting/removal  Chemical treatment of trees/brush *Erosion Control Designation:  Major  Minor*

Provide additional narrative if needed: \_\_\_\_\_

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE  
 RESPONSIBLE FOR CONSTRUCTION: \_\_\_\_\_

Estimated Starting Date: \_\_\_\_\_ **\*\*\*Note: Site restoration must be within 3 days of start date.\*\*\***  
**\*\* Please allow 14 days for processing at the Highway Department. \*\***

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: \_\_\_\_\_ (Signature of Applicant/Company Authorized Representative) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)  
 \_\_\_\_\_ (Typed/Printed Name of Person Signing Above or Electronic Signature Code) \_\_\_\_\_ (Authorized Applicant/Company Representative Telephone Number)

**DO NOT WRITE BELOW THIS LINE**

**PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached:  Yes  No

By: \_\_\_\_\_ (Authorized Representative for County)  
 \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

FEE RECEIVED:	_____
CHECK NUMBER:	_____
DATE ISSUED:	_____
HWY PROJECT #:	_____
PERMIT NUMBER:	_____

## REQUIRED CROSS SECTION INFORMATION

UTILITY COMPANY NAME:		
TOWNSHIP:	RANGE:	SECTION:

### CROSS SECTION A

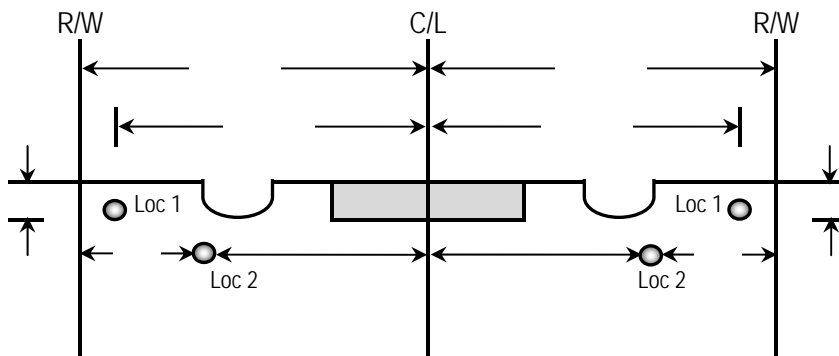
#### PARALLELING BURIED FACILITY

*Note Loc 1: 24" Minimum Depth in Outer Bank.*

*Note Loc 2: 30" Minimum Depth Within Ditch*

Placement on which side of highway:

East    West    North    South

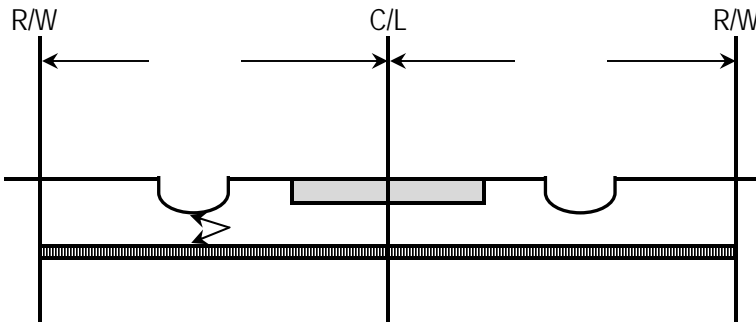


### CROSS SECTION B

#### ROAD CROSSING FACILITY

[UNCASED, NO CURB]

*Note: 30" Minimum Depth of Bury/Bore*

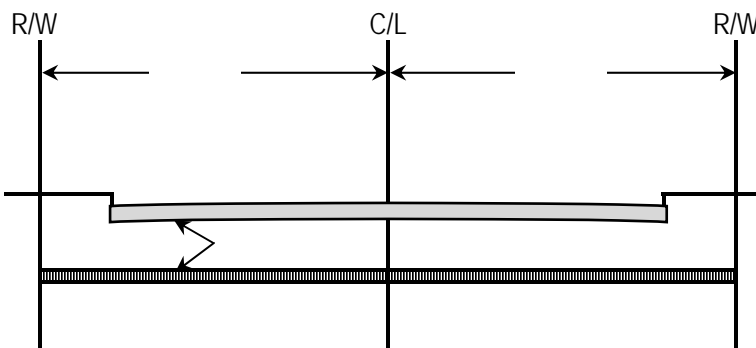


### CROSS SECTION C

#### ROAD CROSSING FACILITY

[UNCASED, CURB]

*Note: 30" Minimum Depth of Bury/Bore*



### NOTES

- 1 All protruding appurtenances are to be located at R/W lines unless specifically noted.
- 2 All hard-surfaced roads are to be crossed by dry-boring to snug fit or jacking. Graveled or dirt roads are to be plowed or trenched.

### LEGEND

<p>R/W Right-Of-Way</p> <p>C/L Center Line</p> <p>● Paralleling Cable Location Options</p> <p>▨ Bury/Bore</p>	<p>P Pushed (jacked) pipe crossing</p> <p>T Trenched or plowed crossing</p> <p>--- Proposed line outside road R/W</p> <p>— Proposed line within road R/W</p>
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