



Milwaukee County Department of Transportation
Transportation Services Division

10930 W Lapham Street
West Allis, Wisconsin 53214
(414) 257-5947
vernon.singleton@milwaukeecountywi.gov

PERMIT APPLICATION FOR WORK OR ENCROACHMENT IN COUNTY TRUNK HIGHWAY RIGHT-OF-WAY

(Read "General Requirements" on reverse side)

(Rev. 11/15)

All requested information must be answered completely or form will be returned.

LOCATION OF WORK

Address or Description _____ County Hwy _____ Municipality _____

TYPE OF WORK (check all that apply)

- Excavation (Describe): _____
 - In Road
 - Distance from Edge of Road _____ feet
- Connection to Storm Sewer
- Wall, Fence or Structure
- Other (Describe): _____
- Set Pole/ Pedestal
- Flagpole
- Sign

START DATE: _____ **COMPLETION DATE:** _____

(Only Owner or Contractor May Apply)			
Name of Applicant: _____	Tel. No. _____		
Company: _____	Fax No. _____		
Email: _____			
Address: _____			
STREET	CITY	STATE	ZIP

Name of Property Owner: _____	CHECK BOX IF: _____
Address: _____	<input type="checkbox"/> Same as Applicant
STREET CITY STATE ZIP	<input type="checkbox"/> Public Property

Contractor Performing Work: _____				Tel. No. _____
Contact Person (print): _____				24-HR No. _____
Address: _____				Fax No. _____
STREET	CITY	STATE	ZIP	

Attach a drawing or detailed description of the work to be done. Indicate location of work with respect to lot corners as well as to roadway, sidewalks and other pertinent existing topographic features.

The undersigned and designated applicant requests permission to perform work, hereinbefore described, on County Trunk Highway right-of-way and in consideration of being granted permission as evidenced by the approval of the authorized representative of The Director of Transportation, binds and obligates himself to perform work in accordance with the description contained herein and sketches, if any, attached hereto, and to abide by the general requirements and location design and construction requirements set forth on this and the reverse side of this form.

Date: _____

Applicant's Signature: _____