



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

(Read "General Requirements" on reverse side)

(Rev. 11/22)

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 [] Set Pole/ Pedestal [] Wall, Fence or Structure [] Flagpole [] Sign [] Other (Describe):

START DATE: COMPLETION DATE:

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

Name of Property Owner: Address: STREET CITY STATE ZIP CHECK BOX IF: [] Same as Applicant [] Public Property

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

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:

General Requirements

Rev. 11/22

1. Applications should be completed and returned to: Milwaukee County Department of Transportation - Transportation Services Division, 10930 W. Lapham St., West Allis, WI 53214. Phone (414) 257-5910 for assistance in completing this form.
2. A fee is charged for this permit and a restoration deposit in the form of a check naming Milwaukee County will be required. This deposit is to pay for any expenses incurred by the County in repairing damage to any portion of the County Trunk Highway right-of-way caused by the work performed under this permit. The deposit is refunded if the work is performed satisfactory. All checks shall be made payable to Milwaukee County Department of Transportation and sent to the address above.
3. Upon payment of all fees and deposits and approval of this application, the proper permit will be issued to the applicant by Milwaukee County. The permit will contain the requirements and special provisions that apply.
4. No work shall be started until the application is approved and the permit is issued.
5. No changes or alterations in approved work may be made at any time without written permission from the Director of Transportation or his authorized representative. Changes in extent of work may require payment of additional fees and deposits.
6. The applicant is responsible for obtaining any other permit(s) from the local municipality and for complying with any other restrictive requirement of local ordinances not in conflict with County requirements.
7. Driveway or street connections shall comply with current County design standards. These may be obtained from the Milwaukee County Department of Transportation - Transportational Services Division at the above address.

NOTE: Existing driveways ARE NOT automatically "grandfathered". Milwaukee County reserves the right to require that driveways be closed or relocated in order to improve traffic safety. In the event of a change in land use, a major change in the traffic pattern of the existing facility or in the size or use of the building, a new driveway application is required.

For Milwaukee County Department of Transportation Use Only - DO NOT WRITE BELOW THIS LINE

PERMIT CONDITIONS

Traffic Engineering	STOP sign/ other signing required ? Yes [] No []				Pavement Markings ? Yes [] No []			
Codes:	<input type="checkbox"/> CODE I	<input type="checkbox"/> CODE A	<input type="checkbox"/> CODE DT	<input type="checkbox"/> CODE FO	<input type="checkbox"/> CODE S	<input type="checkbox"/> CODE SM	<input type="checkbox"/> CODE TD	
	<input type="checkbox"/> CODE P	<input type="checkbox"/> CODE BP	<input type="checkbox"/> CODE EC	<input type="checkbox"/> CODE ML	<input type="checkbox"/> CODE SH	<input type="checkbox"/> CODE SW	<input type="checkbox"/> CODE WH	
	<input type="checkbox"/> CODE Z	<input type="checkbox"/> CODE CM	<input type="checkbox"/> CODE EU	<input type="checkbox"/> CODE RC	<input type="checkbox"/> CODE SL	<input type="checkbox"/> CODE T	<input type="checkbox"/> CODE X	

Notes: _____

FEES

Permit Fee	\$ _____
Engineering	\$ _____
Inspection	\$ _____
Other:	\$ _____
	\$ _____

Total Fees: \$ _____	Restoration Deposit: \$ _____	Total Due: \$ _____
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Recommended for Approval: _____ Date _____