

Permit No:

TOWN OF SPRINGFIELD

Permit Date:

6157 CTH P

DANE WI 53529

(608) 849-7887 fax (608) 849-6187

**EXCAVATION PERMIT**

Applicant Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/Location of Excavation: \_\_\_\_\_

Attach a plat or diagram of the area

Purpose of Excavation: \_\_\_\_\_ Install \_\_\_\_\_ Repair \_\_\_\_\_ Remove \_\_\_\_\_ Other \_\_\_\_\_

Scope of Installation: \_\_\_\_\_ Main or Distribution line \_\_\_\_\_ Service to \_\_\_\_\_ (#?) of lots/sites

Equipment Installed: \_\_\_\_\_ Fiber Optic \_\_\_\_\_ Cable \_\_\_\_\_ Gas Line \_\_\_\_\_ Poles \_\_\_\_\_ Other \_\_\_\_\_

Location of Excavation: \_\_\_\_\_ Paved Roadway \_\_\_\_\_ Right-of-Way \_\_\_\_\_ Other \_\_\_\_\_

Type of Installation: \_\_\_\_\_ Trench \_\_\_\_\_ Boring \_\_\_\_\_ Overhead \_\_\_\_\_ Other \_\_\_\_\_

Estimated Starting Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Restoration: \_\_\_\_\_ Concrete \_\_\_\_\_ Asphalt \_\_\_\_\_ Gravel \_\_\_\_\_ Sod \_\_\_\_\_ Other \_\_\_\_\_

Contractor Name	Contractor Address	Contractor Phone No:

Special Provisions: \_\_\_\_\_ Call DIGGERS HOTLINE 1-800-242-8511  
Three (3) Work Days Before You Dig

At any time that the Town of Springfield, for road construction or reconstruction purposes or for any other purpose, requires the relocation of equipment, lines, mains, cables, poles, etc. installed under this permit, Applicant hereby agrees that it is responsible for all costs associated with relocating any such equipment, lines, mains, cable, etc. In consideration of being permitted to make such excavation, Applicant agrees that it will faithfully comply with all terms and provisions of this permit; that it will comply with all applicable statutes, ordinances, rules and regulations of the State of Wisconsin and the Town of Springfield; that it will indemnify, defend and hold the Town of Springfield harmless from any and all claims, liability, loss, damage or expense incurred by the Town on account of any injury or death to any person or any damage to property caused by or resulting from activity or work performed under this permit; that it agrees to purchase comprehensive public liability insurance and property damage insurance, with the Town of Springfield as a named additional insured for a period of 3 years from the date of completion of work hereunder, in an amount not less than \$1,000,000 per claim occurrence from a company or companies authorized to do business in the State of Wisconsin and licensed by the Wisconsin Insurance Commissioner, such insurance shall be evidenced by a certificate of insurance showing the Town of Springfield as an additional insured and shall provide 30 days written notice to the Town upon cancellation or material change in the policy with renewal certificates provided to the Town for 3 years from the date of completion of the work hereunder; that all restoration work shall be completed within 20 calendar days of the closing of the excavation; that it agrees this permit may be voided by the Town if the work is not started within 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ \$125 permit fee is enclosed \_\_\_\_\_ Bill Applicant for the \$125 fee

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

TOWN OF SPRINGFIELD

STREET/HIGHWAY PRIVILEGE APPLICATION AND PERMIT

The Town of Springfield, Dane County, Wisconsin, in accordance with the following terms and conditions, if any, hereby consents to the construction and operation by the Applicant, or its successors or assigns, of the necessary facilities and appurtenances for the following purpose(s) at the following location:

Purpose(s): \_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Attach site plan.

In the construction of said facilities and appurtenances, unnecessary cutting of trees or shrubs will be avoided. Applicant is responsible to maintain traffic control, erosion control, 911 and Diggers Hotline notification calls. Traffic control plan may be required. Applicant is responsible for any repairs to utilities. Applicant shall, at its cost, restore the surface, trench and terraces as follows:

Back fill all trenches with select fill per WISDOT standards and compact to 95% modified proctor. Applicant shall provide certification from a qualified soils tester that soils compaction was obtained or in lieu of compaction test a three (3) year guarantee of work performed. Failure to submit compaction test results within 30 days presumes a three (3) year guarantee.

The roadway patch shall match existing or be 10" of aggregate and 3" (2 layers) of asphaltic concrete, whichever is greater. The patch shall extend two feet beyond the edge of the trench in both directions.

Terraces to be graded to match existing flow lines and/or terrace grades. Restore terraces with a minimum 4" of topsoil, fertilizer and seed and mulch or sod, and/or stabilization fabric if required. Applicant shall perform necessary follow-up work to assure that seeded or sodded replacement vegetation takes and is not washed out.

Restoration work shall be done within fifteen (15) days following construction. Applicant shall warrant all restoration work for one (1) year against erosion, wash out, or death of vegetation.

Applicant shall properly guard the trenches created and adhere to OSHA standards for trenching at all times. Applicant shall defend and hold the Town of Springfield harmless from any and all damages that any accrue because of the construction and operation noted above. This permit is subject to all provisions of section 66.045, Wisconsin Statutes, which are hereby incorporated herein by reference.

In the event the Applicant fails to comply with any provision hereof, Applicant acknowledges that the Town will give notice in writing, if possible, of the deficiency. If the applicant shall fail to correct the deficiency within five (5) calendar days, the Town may remedy the deficiency with its own forces or those of others, and the Applicant shall be responsible for any expense in such a response. Applicant shall furnish proof of liability and worker compensation insurance as a condition precedent to the issuance of any permit.

Submitted:

\_\_\_\_\_ By: \_\_\_\_\_  
Applicant's Name Date

\_\_\_\_\_  
Title

Approved

By: \_\_\_\_\_  
Town of Springfield Date

Conditions Required:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Fee: \$125.00

Note: One permit required per crossing (open cut or boring)