

PERMIT NO. _____

City of Kiel
621 6th Street
Kiel, WI 53042
(920)894-2029

**RIGHT-OF-WAY OR CITY EASEMENT
EXCAVATION PERMIT APPLICATION**

Name and Address of Utility Owner:	Name and Address of Party Performing Work:
_____	_____
_____	_____
_____	_____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
24-Hour Emergency Phone: _____	24-Hour Emergency Phone: _____
Email address: _____	Email address: _____

Permit Fee of **\$50.00**

1. Nature of Work: Gas Main Telephone Main Cable Main Electric Main
 Gas Service Telephone Service Cable Service Electric Service
 Other _____

Type of Surface to be Disturbed: Gravel Bituminous Concrete Boulevard

2. Location (House No., Street, Nearest Intersection, Development Name):

(Attach 5 copies of scaled drawings showing accurate right-of-way information, topographic information, and planned installation.)

3. Size and kind of pipe, conduit or cable: _____

Length of pipe, conduit or cable: _____ Depth from Surface: _____

Dimensions of Excavation: _____

4. Method of Installation or Construction (including method of compaction and excavation)

5. Work to start on or after _____ and to be completed on or before _____

6. Will detouring of traffic be necessary? Yes No If so, describe routing: _____

For _____
(Applicant)

Signed By _____

Dated _____