

Copy to Superintendent:

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515 W Moreland Blvd • AC220 Waukesha WI **53188** phone **262-548-7740** fax **262-896-8097** www.WaukeshaCounty.gov/DPW

APPLICATION FOR PERMIT REVOCABLE OCCUPANCY WITHIN THE HIGHWAY RIGHT OF WAY

SECTION I To be completed by the applicant **Owner Name** Mailing Address _____ Phone _____ Email ______ Date _____ County Trunk Highway _____ Along the _____ side of the road Location: ______, T _____, N, R ______ E Select One Describe the approximate location _____ Describe the proposed work _____ PERMIT FEE: \$500 SECTION II To be completed by DPW patrol superintendent Date to Sup. Contacted property owner to discuss / clarify the proposed work Date: _____ Comments _____ Date:____ Patrol Superintendent _____ Permit Number _____ SECTION III To be completed by DPW-Engineering Services Contacted property owner to discuss CTH Segment: _____ Date: ____ Additional comments and / or conditions: _____ Date:_____ Date Paid:____ Reviewed by:_____