



Return Application to:
P.O. Box 97
Cross Plains, WI 53528
jerry@cross-plains.wi.us

Village of Cross Plains Right of Way Infrastructure Permit

Address or Location of Project: _____

Permit Applicant Contact information:

Name: _____

Primary Contact Name if a Contractor: _____

Cell #: _____ Email Address: _____

Address: _____

Project Type: Check all those that apply

____ New Driveway (**\$300.00**)

____ Landscaping (**\$200.00**)

____ New Driveway with Culvert (**\$400.00**)

____ Utility Repairs or Replacements (**\$200.00**)

____ Replace Existing Driveway (**\$200.00**)

____ Utility New Installations (**\$200.00**)

Description of Project:

A site plan depicting the work described above shall be attached to this application. Failure to do so may delay the application. The Village may request additional documentation if necessary.

Inspections Required:

All inspections must be scheduled at least 48 hours in advance.

Prior to start of work to verify condition of existing Village owned infrastructure such as sidewalk, curb and gutter, street pavement, curb stop operation and terrain grades.

During work as required to verify installations per Village specifications.

At completion of work to verify that all Village Specifications are met and that no damage was done to existing infrastructure while completing the project. If it is found that Village Specifications were not met or there was damage to existing infrastructure, the permit holder will be responsible for making repairs at their expense.

Note: Depending on scope of Utility Repairs, Replacements or New Installations the Village may require posting of a Bond as a guarantee of performance.

By signing this application, the applicant acknowledges responsibility to comply the terms listed herein.

Applicant Signature _____
Date

For Village Use Only
Conditions of Approval _____

Application Approval Date _____
Preconstruction Inspection Date and Initials _____
During construction Inspection Date and Initials _____ Approved Denied
Completion Inspection Date and Initials _____ Approved Denied

Inspection Notes:

