

Street Opening/Occupying Permit Application
City of Kenosha-Department of Public Works
262-653-4050

\$50 Fee: Cash or Check

Date: _____

Permitee: _____

(Name/Company Name)

Address: _____

Contact Name: _____

Phone #: _____

Contractor Job Number: _____

Sub-contractor: _____

The undersigned hereby makes an application for permit to:

EXCAVATE

Main Service Lateral

Sanitary Sewer

Storm Sewer

Water

Gas

Electric

Tel/Cable

Other _____

OCCUPY

Dumpster

POD

Other _____

RIGHT OF WAY AFFECTED

Center Lane

Curb Lane

Sidewalk

Parkway

◆ *If request to excavate/occupy includes a main thoroughfare, a workzone traffic control plan MUST be submitted and approved by the City Engineer or designee.*
◆ *Please allow a minimum of 24 hours lead time.*

Location of Work (address): _____

Plans Attached:

YES

NO

Size of Opening; Comments: _____

Type of Excavation, etc: _____

Date Work will be Completed: _____

PRINT NAME: _____

SIGNATURE: _____

Authorized Representative

Reviewed by
Engineer _____

Issuance of permit conditioned upon complete and absolute compliance with Secion 5.04 of the City of Kenosha Code of General Ordinances, all applicable State Statutes, and all provisions of the Dept. of Public Works, including traffic control for work zones and pavement restoration.

THE ACCEPTANCE OF THIS PERMIT BY THE PERMITTEE CONSTITUTES AN ACKNOWLEDGEMENT AND ACCEPTANCE OF THE CONDITIONS AND REGULATIONS HEREIN NOTED.