

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

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.