



**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Permit Exp: \_\_\_\_\_  
Extension req: \_\_\_\_\_  
Extension: Approve \_\_\_ Deny \_\_\_  
Extended Exp: \_\_\_\_\_  
If road closure requested, notify:  
Alderman: \_\_\_\_\_ Dist: \_\_\_  
Police: \_\_\_\_\_ Fire: \_\_\_\_\_  
Transit: \_\_\_\_\_

**Application for Public Right-of-Way Occupation Permit  
Form #PWE011 (rev. 05/2019)**

Date: \_\_\_\_\_

**PWE010 Application for Public Right-of-Way Registration required prior to submitting this application.  
Applicant/Company Information**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor Job Number: \_\_\_\_\_

**24 Hour Emergency Contact (REQUIRED)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Occupation Information**

Address/Location Description: \_\_\_\_\_

Portion of Right-of-Way to be Impacted (check all that apply):

\_\_\_ Center Lane \_\_\_ Curb Lane \_\_\_ Sidewalk \_\_\_ Lawn Park

Brief Description of Occupancy: \_\_\_\_\_

**Note:** If request to occupy includes a main thoroughfare, a work zone traffic control plan MUST be submitted and approved by the City Engineer or their designee. Please allow 24 hours of lead time.

Road Closure Needed: Yes \_\_\_ No \_\_\_

Reason for closure: \_\_\_\_\_

Street or Avenue closed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date(s) of closure: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

If request to occupy includes a road closure, affected property owners must be notified at least 24 hours in advance of the closure as to the impacts they may experience.

Plans Attached: Yes \_\_\_ No \_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date\*: \_\_\_\_\_

\*Estimated completion date will be used as the permit expiration date. One extension may be requested if necessary.

**Permit Fee Information**

X	Occupancy Type	Fee
	Temporary – maximum 30 days	\$40
<b>Total Permit Fee</b>		<b>\$</b>

By signing this form you are acknowledging that you, the Applicant, will comply with Section 5.04 of the City of Kenosha Code of General Ordinances, all local, state and federal codes including, but not limited to, safety, building, traffic control codes, and the Manual of Uniform Traffic Control Devices (MUTCD), and you agree that all work will be done according to good engineering practice, that public safety will be procured, and the street will be properly restored.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return this form along with payment to:  
City of Kenosha,  
Public Works Department  
625 52<sup>nd</sup> St – Room 305  
Kenosha, WI 53140**