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

<table>
<thead>
<tr>
<th></th>
<th>Occupancy Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Temporary – maximum 30 days</td>
<td>$40</td>
</tr>
<tr>
<td></td>
<td><strong>Total Permit Fee</strong></td>
<td><strong>$</strong></td>
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</tbody>
</table>

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 52nd St – Room 305
Kenosha, WI  53140