

VILLAGE OF CALEDONIA

5043 CHESTER LANE • CALEDONIA, WI 53402 • PHONE (262) 835-6475

ROAD OPENING PERMIT APPLICATION

Permit No.	
Parcel No.	
Receipt No.	

PERMIT AFFLICATION			
Owner / Applicant Name	Owner / Applicant Email		
Owner / Applicant Mailing Address, City, State & Zip		Owner / Applicant Phone	
		()	
Contractor Name	Contractor Email		
Contractor Mailing Address, City, State & Zip		Contractor Phone	
		()	
Bond Poster Name	Bond Poster Email		
Bond Poster Mailing Address, City, State & Zip	-	Bond Poster Phone	
		()	
PROJECT ADDRESS:			
REQUIREMENTS / PERMIT SUBMITTAL ITEMS			
1.) TYPE OF WORK PROPOSED			
Culvert Over Head	Se	wer Lateral	
Shoulder Opening Only Open Cut	Wa	ater Lateral	
Jack or Bore Cross Right of Way	Oth	ner	
,			
2.) DESCRIPTION OF WORK (Include plans & specifications)			
21, 22001th Field of Field (molado piano a oposinoatono)			
PERMIT APPROVAL			
*The foregoing application will be reviewed by the Village Engineer or his/her designee(s), subject to full compliance by the applicant with Section			
18-1-16 of the Code of Ordinances of the Village of Caledonia and subject to the following special provisions and all attachments hereto.* *The bond or letter of credit shall remain in full force and effect for one (1) year from the date of the Village's final inspection after completion of the			
project.*			
SIGNATURE OF AUTHORIZED REPRESENTATIVE		Date:	
FEES & BOND TYPE:	PAYMENT TY	PE: (Attach copy of receipt)	
Permit Fee\$100.00 each			
	Cash	Date:	
Letter of Credit	Check#		
Cash Bond	- IIGUN π	Date:	
	Credit / Debit] \$ Date:	
Waived			
Contact Engineering Department @262-835-6428 for inspections, permit conditions and additional information.			