



CITY OF SCHOFIELD
Permit to Excavate in City Streets

Date: _____

Job Location: _____

Purpose of Excavation: _____

Requested by: _____

Approximate start date: _____ Approximate end date: _____

Name of Applicant: _____

Name of Company: _____

Address: _____

Phone: _____ Email: _____

Issued by:

_____, Mayor City of Schofield dated _____

_____, Public Works Director City of Schofield dated _____

Conditions

Contact Schofield Public Works Director if street “humps” due to bore. Restore within 2 weeks of completion Excavation: Mulch, seed, topsoil, asphalt, curb and gutter restore for property drainage/flow line. Erosion control required. Compaction required in 6” lifts. Additional traffic control may be needed depending on if any work needs to be conducted in the street surface itself. This section of roadway has a lot of semi-truck traffic during the day.

The undersigned hereby makes application for a permit to complete the above described work on the stated premises, and agrees, in consideration of issuance of this permit, to do only the work specified herein and to faithfully comply with all applicable codes and ordinances as set forth by the State of Wisconsin and the City of Schofield. I have read and understand the aforementioned information.

Signature: _____ Dated: _____

Contractor/Agent/Owner

Required Inspections: Final, Post Final

To schedule inspections please call 715-359-5230 or email mthuot@cityofschofield.org. Give our office two (2) work days to complete the inspection.

All utilities owned within the right of way shall comply with Chapter 46-600 “Rights-of-Way Regulated”

Note: Sidewalk Repairs: Contactor to provide Certificate of Liability to the City of Schofield

Please attach plot plan/drawing

\$50.00 Permit Fee per excavation