

**STREET EXCAVATION PERMIT**

Number: \_\_\_\_\_ Fee: **\$100.00 + Security Deposit**

**Village of Oostburg**

This is to certify that a  
**PERMIT TO WORK IN PUBLIC RIGHT - OF - WAY**

has been issued to: \_\_\_\_\_  
\_\_\_\_\_  
(Applicants Name and Address)

for the purpose of: \_\_\_\_\_  
at \_\_\_\_\_  
(Address or location of proposed work)

General Contractor: \_\_\_\_\_  
\_\_\_\_\_  
(General Contractor's Name and Address)

Contractor making permanent repair to street surface:  
\_\_\_\_\_  
\_\_\_\_\_  
(Contractor's Name and Address)

Work to begin: \_\_\_\_\_ Work to be complete: \_\_\_\_\_

The Village of Oostburg, Diggers Hotline, and all other effected utilities must be contacted a minimum of three days prior to digging.

Oostburg DPW 920 564-3844  
Diggers Hotline 1 800 242-8511

*Acceptance of this permit implies that the Owner and Contractor, jointly and severally, agree that the work covered by this permit shall be performed in strict accordance with all the provisions of Chapter 6.02 of the General Ordinances of the Village of Oostburg and the laws of the State of Wisconsin pertaining to the above work.*

**THIS PERMIT MUST BE KEPT ON THE WORK SITE.**

**Do not commence any work until it has been approved by the Director of Public Works, or his designee, per Chapter 6.02 of the General Ordinances of the Village of Oostburg.**

**NOTIFICATION OF STREET CLOSING.** Any time a street or alley is closed to the public, with the permission of the Village of Oostburg, the contractor shall notify the Director of Public Works (564-3844), and describe the location of the street closing and the length of time the street will be closed. That way the DPW can contact the Sheriff, Fire and Ambulance of the street closing. Likewise the DPW shall be notified when the street is reopened to the public.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Signature of Applicant)

Emergency Contact Person: \_\_\_\_\_

**\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\***

- Permit Fee **\$100.00**
- Cash Deposit
- \$10,000 Bond Filed Expires: \_\_\_\_\_
- Certificate of Insurance Filed Expires: \_\_\_\_\_

Copy to Applicant, Street Department,