



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

**APPLICATION FOR  
ROAD OPENING PERMIT**

Permit No.
Parcel No.
Receipt No.

<b>Owner / Applicant Name</b>		Owner / Applicant Email	
Owner / Applicant Mailing Address, City, State & Zip		Owner / Applicant Phone (    )	
<b>Contractor Name</b>		Contractor Email	
Contractor Mailing Address, City, State & Zip		Contractor Phone (    )	
<b>Bond Poster Name</b>		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	<input type="checkbox"/>	Over Head	<input type="checkbox"/>	Sewer Lateral	<input type="checkbox"/>
Shoulder Opening Only	<input type="checkbox"/>	Open Cut	<input type="checkbox"/>	Water Lateral	<input type="checkbox"/>
Jack or Bore	<input type="checkbox"/>	Cross Right of Way	<input type="checkbox"/>	Other	<input type="checkbox"/>

**2.) DESCRIPTION OF WORK** (Include plans & specifications)


**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: \_\_\_\_\_

<b>FEES &amp; BOND TYPE:</b>	<b>PAYMENT TYPE:</b> (Attach copy of receipt)
Permit Fee.....\$100.00 each <input type="checkbox"/>	Cash <input type="checkbox"/> \$ _____ Date: _____
Letter of Credit _____ <input type="checkbox"/>	Check # _____ <input type="checkbox"/> \$ _____ Date: _____
Cash Bond.....\$500.00 each <input type="checkbox"/>	Credit / Debit <input type="checkbox"/> \$ _____ Date: _____
Waived..... <input type="checkbox"/>	