



Washington County

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3146 Division Road

Jackson, WI 53037

Email: clerk@town-jackson.com

PERMIT APPLICATION FOR STREET & HIGHWAY OPENING

(Please return application and fee to the Town Clerk at the address listed above)

Date _____

Applicant _____

Address _____

Phone # _____ Fax # _____

Opening for _____

Location within Town right-of way _____

Please attach one (1) copy of detailed drawing

Linear foot of opening _____ @ \$2.00 per foot equals fee \$ _____

Note: Each permit fee shall be a minimum of \$100

Additional notes: _____

This application, terms and conditions per Ordinance 02-002 are hereby agreed to:

Applicant name (please print) _____

Signature _____

Street and Highway Opening Permit # _____

Approved by the Town of Jackson: _____

Official title: _____

Date application received _____ Date application approved _____

Permit fee received \$ _____ Check # _____