



Washington County

Phone: 262-677-4048

3146 Division Road
Jackson, WI 53037

Website: www.townofjacksonwi.gov

Email: clerk@townofjacksonwi.gov

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 # _____