

<b>Effective:</b> August 21, 2012	96.00 Utility Accommodation 96.90 Appendices
<b>Supersedes:</b> January 1, 2000	
<b>By:</b> County Highway Commissioner	
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The following sections have been included with this policy to provide the user with additional information:

Section 96.91 County Map.

Section 96.92 County Contact Information.

Section 96.93 Sample Permit Application Form.

Section 96.94 Highway Clearance Diagram.

Section 96.95 Backfilling Detail.

Section 96.96 DNR Region Service Centers.

Section 96.97 Environmental Conditions Discovery Checklist.

Section 96.98 Completion Form.

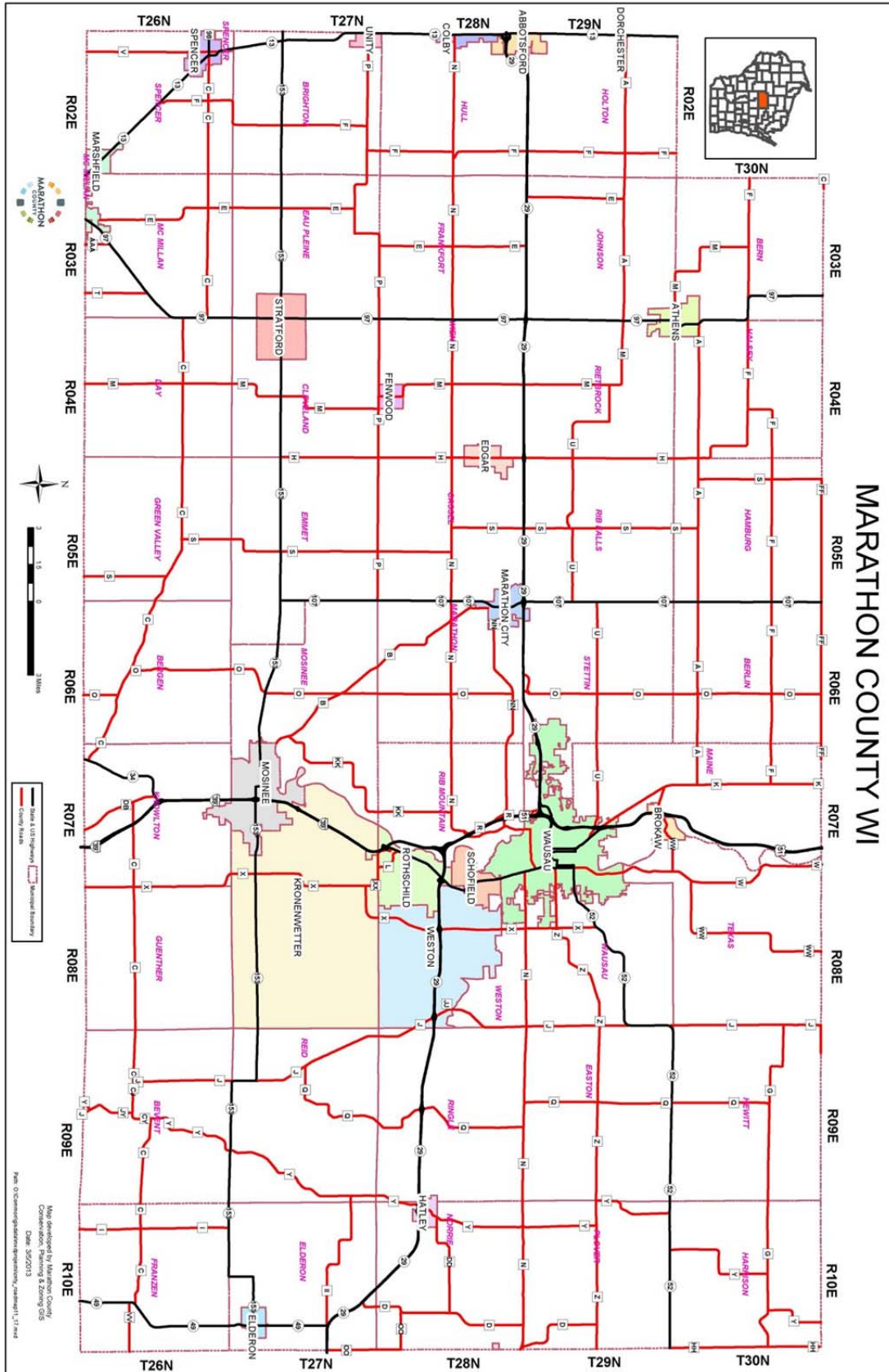
Section 96.99 Fees

Effective: August 21, 2012

96.00 Utility Accommodation  
96.90 Appendices  
Section 96.91 County Map

Supersedes: January 1, 2000

By: County Highway Commissioner



<b>Effective:</b> August 21, 2012	96.00 Utility Accommodation 96.90 Appendices
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**Marathon County Highway Department**

**1430 West Street  
Wausau, WI 54401  
715.261.1800 phone  
715.261.1810 fax  
countypermits@co.marathon.wi.us**

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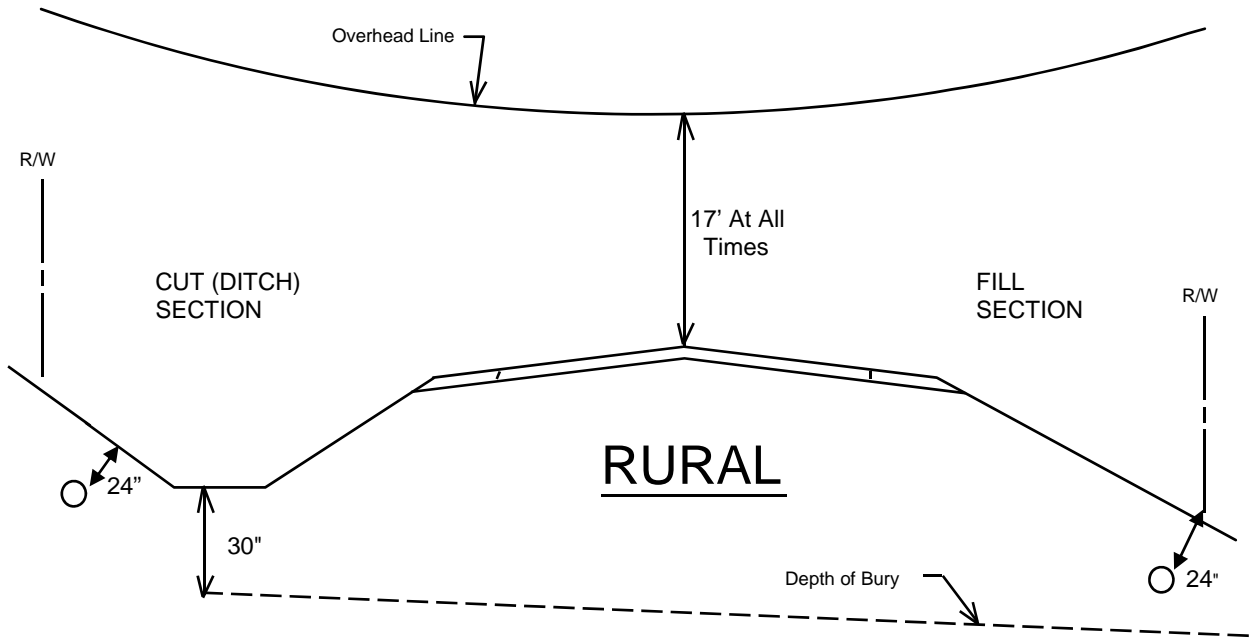
96.00 Utility Accommodation  
96.90 Appendices

Supersedes: January 1, 2000

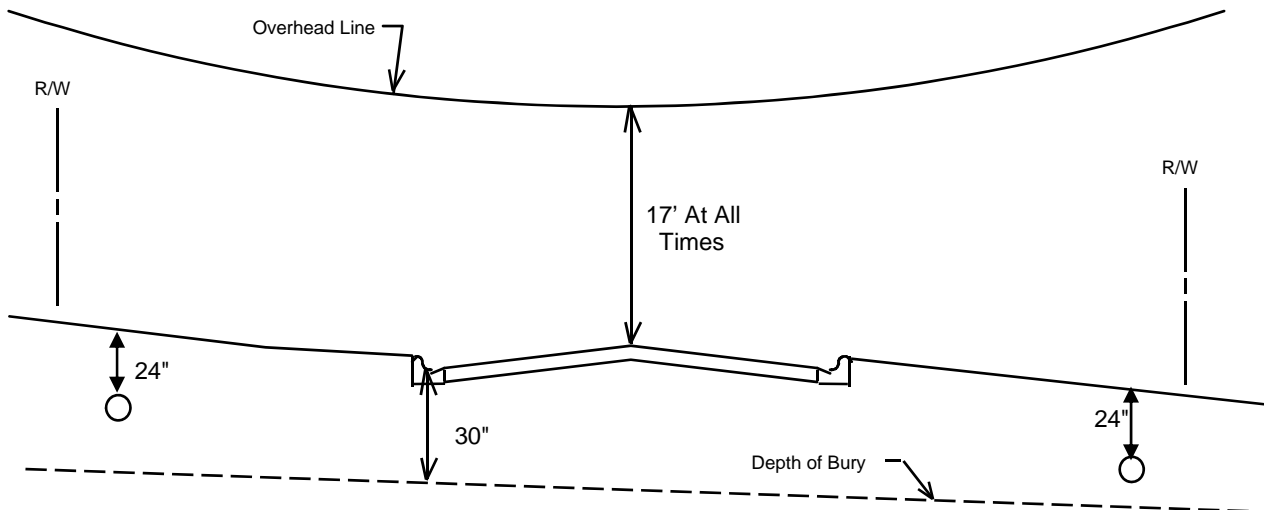
Section 96.94 Highway Clearance Diagram

By: County Highway Commissioner

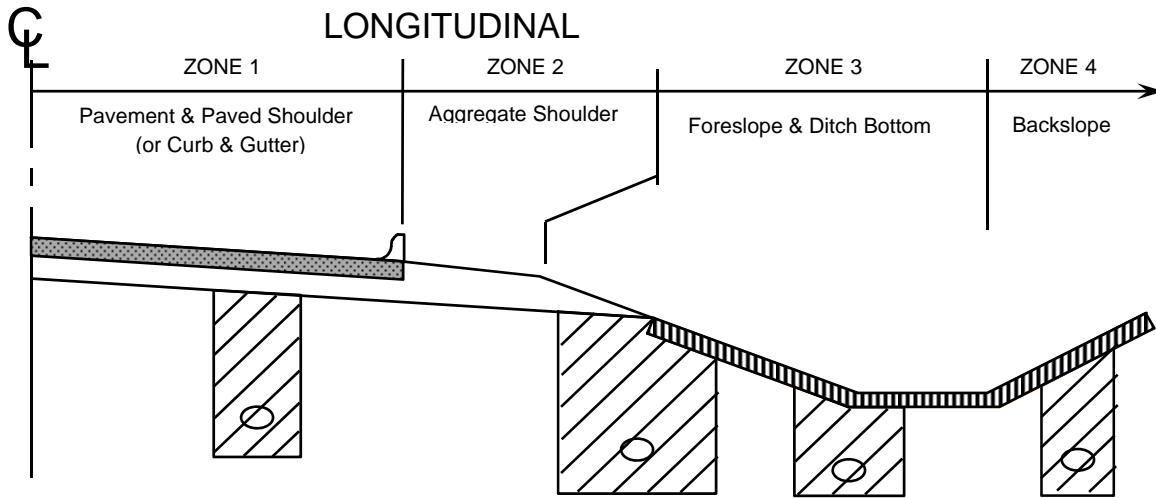
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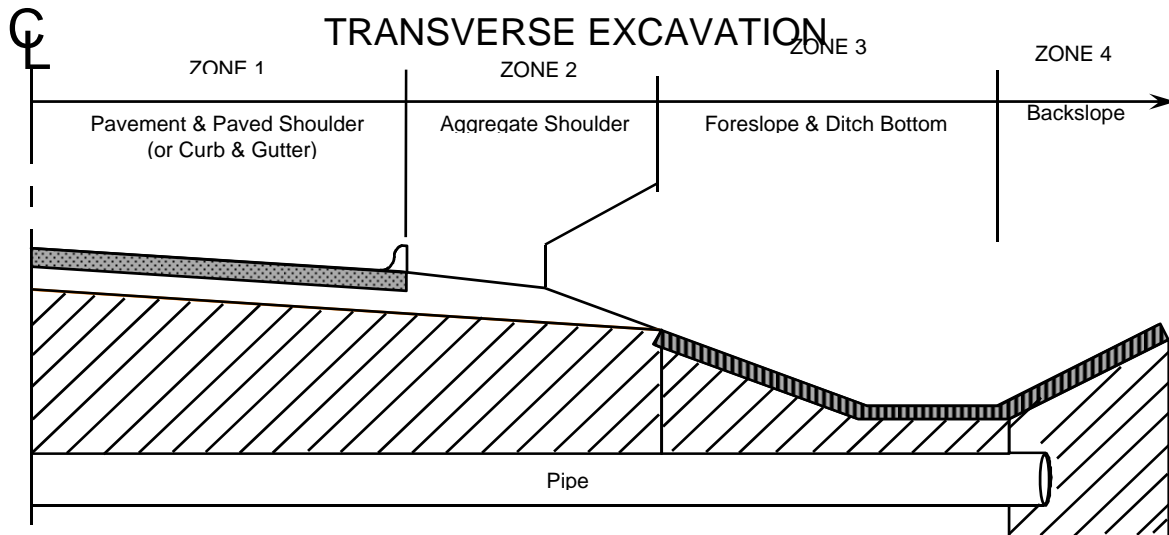
**MINIMUM CLEARANCES**



**URBAN**



**BACKFILLING EXCAVATION DETAIL DRAWINGS**



**Supersedes:** January 1, 2000

Section 96.96 DNR District Offices List

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By: County Highway Commissioner

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WAUSAU DNR SATELLITE CENTER 5301 RIB MT RD  
WAUSAU WI 54401

Phone: 715-359-4522

Fax: 715-355-5253

<https://dnr.wisconsin.gov/contact/OfficeLocations.html>

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By: County Highway Commissioner	
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As soon as environmental conditions are discovered in the Department's right-of-way,  
**STOP WORK IMMEDIATELY**  
and be prepared to report the following information to the contacts listed in 96.08(E):

**SITE LOCATION:**

Highway \_\_\_\_\_ If divided, please indicate direction  NB  SB  EB  WB  
County \_\_\_\_\_  City  Town  Village of \_\_\_\_\_  
Distance from nearest public roadway intersection or mile marker \_\_\_\_\_  
Other landmarks? \_\_\_\_\_  
\_\_\_\_\_

**ENVIRONMENTAL CONDITION:**

**1. Archaeological/Historical**

What was found (burials, foundation, arrowheads)? \_\_\_\_\_  
\_\_\_\_\_

Is the location of the find marked?  Yes  No If yes, how is it marked? \_\_\_\_\_  
\_\_\_\_\_

Approximate area (dimensions) of the find? \_\_\_\_\_

**2. Contaminated Sites, UST's LUST's**

What was found? \_\_\_\_\_

Appearance of soils or liquid? \_\_\_\_\_

Odor of soils or liquid? \_\_\_\_\_

Approximate size of tank or area of contamination uncovered? \_\_\_\_\_

Is there an obvious liquid or product in the tank?  Yes  No

Is there an obvious smell?  Yes  No If yes, can you describe it (varnish, kerosene, gasoline, diesel, other, unknown)? \_\_\_\_\_

Soil type(s) encountered (sand, gravel, clay, till)? \_\_\_\_\_

Depth to groundwater (if known)? \_\_\_\_\_

Any previous land use knowledge (local history, memory of site as a business)? \_\_\_\_\_  
\_\_\_\_\_

Is the location of the find marked?  Yes  No If yes, how is it marked? \_\_\_\_\_  
\_\_\_\_\_

**CONTACTS:**

If arrowheads or buildings were discovered, has the State Historic Preservation Officer been notified?  Yes  No By whom? \_\_\_\_\_

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If a burial was encountered, has the Burial Sites Preservation Office been notified?

Yes  No By whom? \_\_\_\_\_

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If a contaminated site, UST or LUST was discovered, has DNR been notified?  Yes  No  
By whom? \_\_\_\_\_

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Has WisDOT been contacted?  Yes  No By whom? \_\_\_\_\_

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the Bureau of Environment been notified (this is not a utility responsibility)?

Yes  No By whom? \_\_\_\_\_

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other contacts: \_\_\_\_\_

### STATUS OF PROJECT:

Has work stopped in the area?  Yes  No **IF NO, STOP WORK IMMEDIATELY!**

Has the area been secured (fenced, staked or marked, roped off or delineated by traffic control devices)?  Yes  No

Can project work continue in another area?  Yes  If yes, for how long? \_\_\_\_\_

Can the affected area be avoided (utility facility placed in another location)?  Yes  No

Has any completed utility work been clearly marked (staked, paint marked, or flagged)?

Yes  No

Is any of the completed utility facility active, energized, etc.?  Yes  No

Is this utility being relocated to facilitate a highway project?  Yes  No

### RESUMING WORK:

Did WisDOT indicate a timeframe in which someone would respond?  Yes  No

What is that timeframe? \_\_\_\_\_

Who will authorize resuming work? \_\_\_\_\_

When can the work be resumed? \_\_\_\_\_

Date authorization received? \_\_\_\_\_



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By: County Highway Commissioner	
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**Return this Completion Certificate to the  
Marathon County Highway Department when site is restored**

**Completion Certificate**  
(For Utility Permits)

Mail or Fax to Address Listed Below

Date \_\_\_\_\_

**To: Marathon County Highway Department  
1430 West Street  
Wausau, WI 54401**

**ATTN: County Permits**  
**TELEPHONE: 715.261.1800**  
**FAX: 715.261.1810**  
**E-MAIL: countypermits@co.marathon.wi.us**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_

County Permit No.: \_\_\_\_\_

Utility Work Order # \_\_\_\_\_

**The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



Marathon County Highway Department  
 Application/Permit to CONSTRUCT,  
 OPERATE, & MAINTAIN UTILITIES WITHIN  
 HIGHWAY RIGHT-OF-WAY

Applicant/Company: \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Plans Prepared By: \_\_\_\_\_  
 Preparer's Phone: \_\_\_\_\_  
 Preparer's Email: \_\_\_\_\_

Location Information
Highway(s): _____ Town/Village/City of: _____ _____ _____ ¼ of the _____ ¼ Sec _____ T _____ N _____ R _____ E
Annual Service Connection Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Utility Work Order # _____

**\*\*NOTICE- COMPLETION CERTIFICATE NEEDS  
 TO BE SENT WITHIN 2 WEEKS OF PROJECT  
 COMPLETION\*\***

Utility Type		Orientation	Work Type	Construction Method(s)	
<input type="checkbox"/> Transmission	<input type="checkbox"/> Private Line	<input type="checkbox"/> Overhead	<input type="checkbox"/> New Construction	<input type="checkbox"/> Plow	<input type="checkbox"/> Suspend on poles/towers
<input type="checkbox"/> Gas/Petroleum	<input type="checkbox"/> Electric	<input type="checkbox"/> Underground	<input type="checkbox"/> Improve/Repair Existing	<input type="checkbox"/> Trench	<input type="checkbox"/> Tree Cutting/Removal
<input type="checkbox"/> Communications	<input type="checkbox"/> Distribution	<input type="checkbox"/> Parallel to hwy centerline	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Bore	<input type="checkbox"/> Chemical treatment of tree/brush
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Service	<input type="checkbox"/> Hwy Crossing	<input type="checkbox"/> Removal	<input type="checkbox"/> Cased	<input type="checkbox"/> Open cut hwy
	<input type="checkbox"/> Water	<input type="checkbox"/> Bridge attachment	<input type="checkbox"/> Abandon in place	Erosion Control	<input type="checkbox"/> Major
		<input type="checkbox"/> Tunnel		Designation	<input type="checkbox"/> Minor
Work Zone Description		Traffic Control Methods		Hours of Operation (Check all that apply)	
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Lane encroachment (2 ft or less)	<input type="checkbox"/> Single flagger operation	<b>**Attach Temporary Traffic Control (TTC) Plan</b>	<input type="checkbox"/> Weekdays	
<input type="checkbox"/> Full road closure: detour	<input type="checkbox"/> Intersection/roundabout	<input type="checkbox"/> Two flagger operation		<input type="checkbox"/> Weekends	
<input type="checkbox"/> Full road closure: temporary	<input type="checkbox"/> Shoulder/parking lane closure	<input type="checkbox"/> Pilot car operation		<input type="checkbox"/> Daytime	
<input type="checkbox"/> Lane closure: without flagging	<input type="checkbox"/> Railroad crossing	<input type="checkbox"/> Temporary traffic signals		<input type="checkbox"/> Nighttime	
<input type="checkbox"/> Lane closure: with flagging		<input type="checkbox"/> Temporary portable rumble strips			
		<input type="checkbox"/> Shoulder work			
Utility Person Responsible for Construction: _____ Phone: _____		Utility/Project 24/7 Emergency Contact: _____ Phone: _____		Company name and address of contractor performing work (if not employed by applicant)	

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of Marathon County in effect at the time of the application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof. By filling in the information below and submitting this application, the applicant is hereby requesting a utility permit from the Marathon County Highway Department and is certifying they are an authorized representative of their company for requesting this permit.

Estimated Start: \_\_\_\_\_ Estimated Completion: \_\_\_\_\_

By: \_\_\_\_\_ (Name of Authorized Representative requesting permit) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

\_\_\_\_\_  
 (Email of Authorized Representative)

\_\_\_\_\_  
 (Telephone Number)

**SUBMIT APPLICATION TO: [countypermits@co.marathon.wi.us](mailto:countypermits@co.marathon.wi.us)**

**\*\*Fees associated with this permit will be invoiced by Marathon County Highway Department**

Email to send invoice to: \_\_\_\_\_

**\*\*Office Use Only\*\***

**Permit Approval by Permitting Authority**

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of Marathon County including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of the application.

Supplemental Provisions Attached:  Yes  No

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Authorized Representative for County)

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**Fee Schedule**

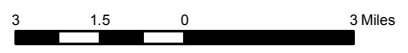
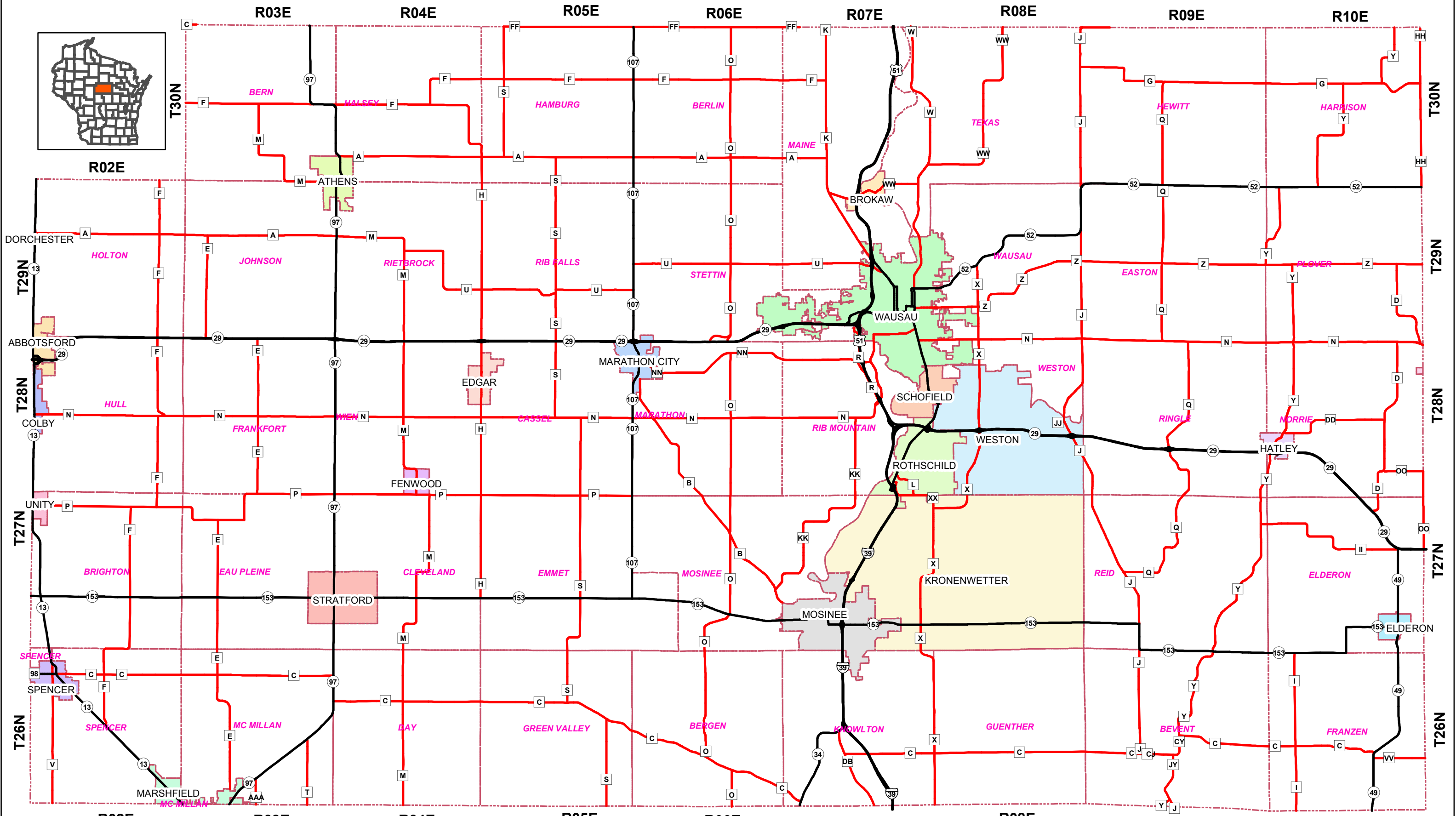
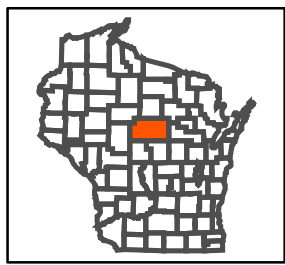
Type of Work	Fee
Standard Utility Installation and/or maintenance <sup>1 3</sup>	\$175
Utility work requiring open cut of Highway pavement <sup>2</sup>	See figure below, based on most recent Pavement Rating
Utility work requiring open cut of multi-use trail pavement <sup>2</sup>	\$500 for pavement installed in past two years \$250 for pavement installed more than two years ago

Notes:

1. \$175 will be invoiced and are non-refundable
2. Not all open cut applications will be approved, particularly if alternate construction is feasible.
3. Open cut fee may be charged if unplanned open cuts are required during construction.

Current Pavement Rating	General Description of Pavement	Open Cut Permit Fee	Additional Comments and Requirements
<div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>10</b> <b>9</b> <b>8</b> </div>	New or Nearly New Pavement.	<b>\$1,000</b>	The Marathon County Highway Department <b>discourages open cut utility accommodation on new or nearly new roadways.</b> Additional repairs, above and beyond standard open cut repair requirements, may be requested by the Highway Department to adequately accommodate open cut repairs that are allowed on new or nearly new roadways. These measures will be determined on a case-by-case basis by the Highway Department.
<div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>7</b> <b>6</b> </div>	Generally Good Condition.	<b>\$500</b>	Additional repairs, above and beyond standard open cut repair requirements, may be requested by the Highway Department to adequately accommodate open cut repairs that are allowed on roadways in good condition. These measures will be determined on a case-by-case basis by the Highway Department.
<div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>5</b> <b>4</b> <b>3</b> </div>	In Need of Repair.	<b>\$250</b>	The standard utility accommodation permit fee applies.
<div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>2</b> <b>1</b> </div>	Poor or Very Poor.	<b>\$250</b>	The standard utility accommodation permit fee applies. Utility company or contractor should check with the Highway Department as a roadway rated as 1 or 2 may be programmed for reconstruction. If possible, the utility work should be coordinated with planned roadway improvements.

# MARATHON COUNTY WI



Map developed by Marathon County  
Conservation, Planning & Zoning GIS  
Date: 3/5/2013

Path: O:\Common\gisdata\mxd\projects\cty\_roadmap11\_17.mxd