



APPLICATION FOR PUBLIC RIGHT-OF-WAY REGISTRATION

(This form is for utility company occupying the right-of-way)

Date Filed: _____

REGISTRATION INFORMATION

Utility Name	Corporate/Regional Contact Person (if applicable)
Address	Digger's Hotline Registration Certificate Number:
City, State, ZIP Code:	Phone:
Email:	

LOCAL EMERGENCY REPRESENTATIVE INFORMATION

(Must be available 24 hours per day)

Name:	24/7 Cell Phone:
Address	Office Phone:
City, State, ZIP Code:	Fax:
Email:	

ATTACHMENTS

Mark and include all that apply

<input type="checkbox"/> Corporation's business certificate under Wis. Stats. (if entity is a corporation, LLC or LLP)
<input type="checkbox"/> Corporate certificate of authority from Wisconsin Public Service Commission
<input type="checkbox"/> Certificate of liability insurance
<input type="checkbox"/> Indemnity and Hold Harmless Agreement (page 2)

For existing poles and towers, registrant must provide the following for all facilities:

<input type="checkbox"/> Structural certification stamped by a registered professional engineer in the State of Wisconsin (including, but not limited to structural sufficiency and vertical plumbness)
<input type="checkbox"/> Statement regarding impact of stray voltage (testing may be required)

INSURANCE REQUIREMENTS FOR THE CITY OF STANLEY

All insurance shall be in full force prior to commencing work and remain in force until the entire job is completed or the length of time that is specified in the permit.

No right-of-way work permit shall be issued to any person, other than a public utility, unless they shall first file with the City Clerk's Office a certificate or other proof showing that they carry worker's compensation insurance and public liability insurance with limits of at least \$1,000,000 for each accident or bodily injury liability and \$500,000 on property damage liability and a valid corporate surety bond in full force and effect in the sum of \$3,000.

All insurance and bonds shall be executed and filed annually on or before January 15 of each year and shall contain a provision to notify the City Clerk's Office at least 15 calendar days before cancellation or termination of coverage.

PUBLIC RIGHT-OF-WAY REGISTRATION IS VALID UNTIL DECEMBER 31 OF EACH CALENDAR YEAR.

By signing this form, you are acknowledging that you, the Registrant, will comply with Section 6-2-4 of the City of Stanley Code of Ordinances, all local, state and federal codes including, but not limited to, safety, building, traffic control codes, and the Manual of Uniform Traffic Control Devices (MUTCD), and you agree that all work will be done according to good engineering practice, that public safety will be procured, and the street will be properly restored.

Utility Authorized Representative

Date

INDEMNITY AND HOLD HARMLESS AGREEMENT

Code of Ordinance Sections:

6-2-4 - Right of Way Management for Public Utilities

By registering with the City of Stanley, or by accepting a permit under Section 6-2-4 of the City of Stanley Code of Ordinances, a registrant or Permittee, as the case may be, herein and hereby agrees to indemnify, defend, and hold harmless the City, its officers, boards, committees, commissions, elected officials, employees and agents (collectively, "Indemnified Parties"), from and against all loss or expense (including liability costs and attorney's fees) by reason of any claim or suit, or of liability imposed by law upon an Indemnified Party for damages because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons or on account of damages to property, including loss of use thereof, arising from, in connection with, caused by or resulting from the Permittee's acts or omissions in the exercise of its rights under this permit, whether caused by or contributed to by the City or its agents or employees except in such cases where caused by the sole negligence or willful misconduct of the City.

Dated the _____ day of _____, 20_____.

Owner's Authorized Representative Printed Name

Owner's Authorized Representative Signature

This Form Should be Emailed to clerk@ci.stanley.wi.gov