

**TOWN OF WASHINGTON**  
2160 Pinewood Dr, Eagle River WI 54521 715-479-1669

**APPLICATION FOR PERMIT TO CUT TIMBER OR PERFORM WORK ON THE TOWN  
ROAD RIGHT-OF-WAY**

**Applicant:** Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Location (quarter/section/township/range, etc. Please attach copy showing location)** \_\_\_\_\_

**Tax Parcel No.** \_\_\_\_\_

**Description of Timber Cutting / Work in Detail / Type of Installation / Temporary Storage of  
Materials:**

**Project Duration:** Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

The applicant shall contact the Town of Washington Foreman, 715-479-8886, NOT LESS THAN 3 WORKING DAYS prior to the start of the proposed work. No timber cutting or other work shall be accomplished on Town right of way, prior to the Town of Washington's inspection and issuance of permit.

If the work is not completed by the "Completion Date" specified, this permit is null and void and the work shall not be completed unless reauthorized through an approved time extension or issuance of a new permit.

I/We hereby agree that the work shall be constructed subject to such terms and conditions as may be prescribed by the Town pursuant to Wis. Stat. § 86.16 and shall be performed and completed to the Town's satisfaction. In the case of temporary alterations/excavation, the Town road shall be restored to its former condition, and that I/We shall be liable to the Town, as the case may be, for all damages which occur during the progress of said work or as a result thereof.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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Date application received by Town of Washington \_\_\_\_\_

Permit to perform work as stated on this application is hereby approved  denied

Chair Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit issued by: Clerk Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit Number \_\_\_\_\_

**THIS PERMIT IS REVOCABLE**