



Excavation Permit

- Application Fee - \$100
- Fee per lineal foot - \$.10/lineal foot
- Insurance Verification Fee - \$50.00 per review

Completed applications, along with the required attachments, should be submitted to the Village Public Works Office at 5115 Terminal Dr, McFarland WI 53558 or [public works@mcfarland.wi.us](mailto:publicworks@mcfarland.wi.us).

Applicant Information	
Company Name:	
Name of Primary Contact:	Phone:
Address:	
Email Address:	
Contractor Information (Contractor or subcontractor performing the work. Please note this must be the actual contractor/subcontractor who will perform the work. If multiple subcontractors, information is required for <u>ALL</u> completing work.)	
Company Name:	
Name of Primary Contact:	Phone:
Address/City/State/Zip Code:	
Email Address:	
Work Information	
Address(es):	
Start Date:	End Date:
Type of Work – Description of work to be done(Please include lineal footage of project):	
Method – Description of method proposed to be used in doing work:	
Will structure(s) (i.e. pedestal, pole, vault, antenna, cabinets, switch gear or other structure) be placed in the right-of-way or easement area? If so what?	
<input type="checkbox"/> - Yes <input type="checkbox"/> - No	

Required Attachments – FAILURE to submit any of the required attachments will result in the application being rejected as incomplete.

- Map
- If structures are to be placed in the right-of-way or easement – Information and details about each structure
- A surety bond acceptable to the Village for \$20,000, or lesser amount as required by the Village.
- Proof of Liability Insurance* from the Contractor/Subcontractor performing the work – not less than \$1,000,000 per one person and \$2,000,00 for one accident
- Proof of Property Damage Insurance* from the Contractor/Subcontractor performing the work – not less than \$1,000,000

*Proof of insurance must include the following:

1. Proof that the Village of McFarland is listed as an additional insured; and
2. The applicable endorsement or policy terms confirming that the Village of McFarland is covered as an additional insured under the policy.
3. Proof that the applicable insurance policy provides occurrence coverage on a primary and non-contributory basis.

Proof of insurance is not required for certain utilities and telecommunications carriers, but all independent contractors must carry insurance. See the enclosed insurance requirements. Please contact the Village Administrative Office regarding any questions as to insurance requirements.

Certification Section

PLEASE READ CAREFULLY BEFORE SIGNING

By signing this application, I acknowledge and accept the obligation to:

- Indemnify and save harmless the Village its officers and employees from all liability for accidents and damage caused by any of the work covered by this permit, pursuant to the terms of the attached Indemnification Agreement, and to fill and place in good and safe condition all excavations and openings made in the street;
- Maintain in force throughout the work authorized by this permit liability insurance meeting the requirements of Village Ordinances and covering the Village as an additional insured on the terms outlined above and on the attached Insurance Requirements.
- Keep and maintain any restored area in such condition, or better, normal wear and tear excepted, to the satisfaction of the Director of Public Works for a period of one year;
- Keep and maintain the same in such condition, normal wear and tear excepted, to the satisfaction of the Director of Public Works for a period of one year;
- Pay all fines and forfeitures imposed, upon such permittee for any violation of any rule, regulation or ordinance governing street excavations or drainlaying adopted by the Village Board;
- Repair any damage done to existing improvements during the progress of the excavation in accordance with Village standards; and
- Guarantee payment to the Village its costs both in making any street repair needed because of the permittee's work under the permit and in maintaining the same for one year.
- **Notify via email to public.works@mcfarland.wi.us of completed work for department inspection**

By signing below, I further acknowledge and accept that I and the company I represent, are contractually and legally bound to the Village of McFarland as to the obligations set forth above, and those obligations required under the McFarland Code of Ordinances and all other applicable law and regulations.

Signature**:

Date:

Name:

Company:

****Application must be signed by a representative of the Contractor/Subcontractor who will be performing the work.**

INDEMNIFICATION AGREEMENT

APPLICANT shall indemnify, hold harmless and defend the **VILLAGE OF MCFARLAND**, its boards, commissions, agencies, officers, employees and representatives against any liability, loss (including, but not limited to, property damage, bodily injury and loss of life), damages, costs or expenses which the **VILLAGE OF MCFARLAND**, its officers, employees, agencies, boards, commissions and representatives may sustain, incur or be required to pay by reason of **APPLICANT** engaging in the activities authorized by the Permit or which arise out of or are connected with, or are claimed to arise out of or be connected with any of the work done by the **APPLICANT** and or its sub-contractor(s), or the construction or maintenance of facilities by the **APPLICANT**, pursuant to the Permit, on, under or over highway right-of-way, provided, however, that the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses to the extent caused by or resulting from the negligent or wrongful acts or omissions of the **VILLAGE OF MCFARLAND**, its agencies, boards, commissions, officers, employees or representatives. Without limiting the generality of the foregoing, the liability, damage, loss, expense, claims, demands, and actions indemnified against shall include all liability, damage, loss, expense, claims, demands, and actions for damage to any property, lines or facilities placed by or on behalf of the **APPLICANT** pursuant to the Permit, for any loss of data, information, or material; for trademark, copyright, or patent infringement; for unfair competition or infringement of any other so-called "intangible" property right; for defamation, false arrest, malicious prosecution or any other infringement of personal or property rights of any kind whatever. **APPLICANT** shall at its own expense investigate all such claims and demands, attend to their settlement or other disposition, defend all actions based thereon and pay all charges of attorneys and all other costs and expenses of any kind arising from any such liability, damage, loss, claims, demands, and actions. The obligation of **APPLICANT** under this paragraph shall survive the expiration or termination of the Permit.

INSURANCE REQUIREMENTS

When insurance is required, **APPLICANT** agrees to maintain comprehensive public liability, contractual and property damage insurance, with the **VILLAGE OF MCFARLAND** as a named additional insured through completion of any work authorized by the Permit, from a company authorized to do business in the State of Wisconsin and licensed by the Wisconsin Insurance Commissioner. Such insurance shall be evidenced by a certificate of insurance showing the **VILLAGE OF MCFARLAND** as an additional insured, along with a copy of the policy, and any additional documentation requested by the Village.

In the case of any sublet of work under the Permit, **APPLICANT** shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing adequate coverage, showing the **VILLAGE OF MCFARLAND** as an additional insured, along with a copy of the policy, and any additional documentation requested by the Village.

Acceptable endorsement forms include the following. Other appropriate forms may be approved by the Village:

Commercial General Liability:

- CG 20 26 04 13
- CG 20 35 04 13
- CG 72 01 07 17

Primary and Non-contributory:

- CG 20 01 04 13

STREET OPENING PERMIT

FOR VILLAGE USE ONLY

Company Requesting Permit:

Person Requesting Permit:

Address:

Permit is for:

Contractor:

Date:

Lineal Footage of Project:

RECOMMENDATION FROM DIRECTOR OF PUBLIC WORKS

- Approved, subject to the conditions below - Denied - Rejected – Incomplete Application

Permit Conditions

- All vehicles on the job are required to display the name of the company that they are working for and their company name. The job will be shut down if vehicles are not labeled as instructed.

- Proper traffic control signage must be used throughout the entire job.

- Erosion control measures must be used on any exposed surfaces no matter how small they are.

- Any catch basins or storm water basins within the scope of the work area must be covered/lined/protected to prevent any debris from entering the storm sewer system.

- Any proposed excavation area(s) MUST be "white lined" within the scope of the work area.

- Diggers Hotline must be contacted as part of this approval. The proposed route(s) must be white lined (to define proposed excavation route) **AND** marked with appropriate flags for the entire length of the locate. Failure to carry out this requirement will result in the Village not marking their utilities and will result in the Village requiring the Digger's Hotline ticket to be **CANCELLED** and called in again to have the 3 day marking window start over. **RELOCATION TICKETS WILL NOT BE ALLOWED TO MEET THIS 3 DAY WINDOW.**

- If any pedestals/cabinets are planned to be installed within the public right-of-way, they must first be approved by the Village, including placement location(s), style, height, and quantity.

- Work hours per Village Ordinance is 7:00 a.m. to 7:00 p.m. No work is allowed outside these hours unless permission is granted by the Village Administrator and Director of Public Works or their designee.

- Notification via email to public.works@mcfarland.wi.us of completed work for Public Works Department inspection.

- A copy of this permit must be on site while work is in progress.

- Other:

Director of Public Works:

Date:

ADMINISTRATION DEPARTMENT

Fee:	Invoice Number:	Date Paid:	Receipt Number:
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