Office Use	TOWN OF BYRON	Office Use					
Permit No.	TEMPORARY						
Down it Frankrika Doton	ROAD RIGHT-OF-WAY PERMIT	Fee Paid:					
Permit Expiration Date:	Fee: <u>\$50.00</u>	Landowners Notified ()					
Current Mailing A	Address:						
City, State, Zip:_	<u>-</u>						
Phone Number:E-mail:							
Subcontract Name/Address:							
Location or Route(s) (mark on attached map):							
Description of Work:							
Approximate Dates of Us	se:						
Permit fee is payable to the town treasurer of the Town of Byron by the applicant on or before issuance of the permit by the Town Board.							
The applicant hereby agrees that the work shall be done subject to such terms and conditions as may be prescribed by the Town pursuant to Wis. Stat. 86.16 and be performed and completed to its							
	satisfaction and in the case of temporary alterations that the highway or bridge shall be restored to its						
former condition, and that the applicant 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.							
Applicant Signature:		Date:/					
Sub-Contractor Signature	e:	Date://					
Office Use							
Additional Terms and Cor	nditions per town of Byron:						
Permit to perform work a	s stated on this application is hereby:	Approved () Denied()					
Chair Signature:							
Permit Issued by: Clerk Si	gnature	Date://					