



CITY OF FITCHBURG
 PUBLIC WORKS DEPARTMENT
 5520 LACY ROAD
 FITCHBURG, WI 53711
 (608)270-4260

**APPROVAL APPLICATION FOR USES RESTRICTED
 IN A WELLHEAD PROTECTION AREA**

| | |
|-----------------------------------|----------------------------|
| PERMIT NO. | DATE |
| NAME OF APPLICANT | |
| ADDRESS OF APPLICANT | |
| PROPERTY OWNER'S NAME | |
| PROPERTY OWNER'S ADDRESS | |
| WELLHEAD PROTECTION AREA WELL NO. | WELL LOCATION |
| PROPOSED RESTRICTED USE | DURATION OF RESTRICTED USE |
| DESCRIPTION OF RESTRICTED USE | |

APPLICANT

MUST FILL IN

SHADED AREA

In consideration of being permitted, I hereby agree that I will faithfully comply with the terms of this permit, including special provisions and conditions listed below and /or attached hereto, and any and all plans, details or notices attached hereto and made a part thereof; that I will comply with all applicable statutes, ordinances, rules, and regulations of the State of Wisconsin and the City of Fitchburg; that I have read and I will comply with Subchapter III of Chapter 22 of the Fitchburg General Ordinances, Wellhead Protection; and that I agree that this permit is conditional and may be revoked at any time by the City of Fitchburg as outlined in Subchapter III of Chapter 22 of the Fitchburg General Ordinances.

OWNER'S AUTHORIZED REPRESENTATIVE SIGNATURE

PRINT/TYPE FULL NAME

DATE

**SITE PLAN OF THE PROPERTY SHOWING THE LAYOUT OF THE RESTRICTED USE AND ITS LOCATION IN REFERENCE TO THE WELL
 MUST BE SUBMITTED WITH THIS APPLICATION.**

SPECIAL PROVISIONS:

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PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved and permit issued by the City of Fitchburg subject to full compliance by the applicant with all provisions and conditions stated herein and on the reverse side hereto and all attachments hereto.

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| CONDITIONAL APPROVAL: | DIRECTOR OF PUBLIC WORKS | Cory Horton | DATE |
|-----------------------|--------------------------|-------------|------|