



APPLICATION FOR PRIVILEGE IN STREETS MONITORING WELLS

1. Property address adjacent well location(s):

Property tax parcel number(s):

Property Legal description (add attachment, if needed):

2. This application to the City of Madison, pursuant to Section 66.0425 Wisconsin Statutes, is for a privilege in streets consisting of the following:

Please include drawings or survey of a legible scale on 8 1/2" x 14" size paper or a PDF of the same via email, showing the location of the wells in relation to the property line.

3. Applicant (property owner): _____

Mailing Address: _____

Phone Number: _____

Email: _____

IN MAKING THIS APPLICATION, THE UNDERSIGNED IS AWARE OF THE FOLLOWING STATUTORY AND CITY REQUIREMENTS:

1. Any privilege granted by the City shall be on condition that the applicant shall become primarily liable for damages to persons or property by reason of the granting of the privilege and applicant will be required to furnish a certificate of insurance evidencing existence of general public liability and property damage insurance in minimum limits of \$1,000,000 per occurrence with the City being named as an additional insured.
2. The applicant shall remove the encroachment or obstruction upon ten (10) days written notice by the City of Madison.
3. A non-refundable application fee of **\$750** shall accompany this application. The check should be made payable to the City of Madison Treasurer. In the event the application is not approved or the conditions of approval are unacceptable to the applicant, the applicant may appeal the rejection or conditions to the Board of Public Works, within 30 days of notification of the committee's decision.
4. A minimum annual fee of **\$500** for the first well and **\$100** per each additional well shall be charged for the privilege of using the street right-of-way or public land.
5. In accepting the privilege, the applicant waives any and all right to contest in any manner the validity of City of Madison Ordinance 10.31 or Section 66.0425, Wisconsin Statutes, or the amount of compensation charged by the City of Madison.
6. The applicant may be required to comply with additional conditions as the Privilege in Streets advisory team may impose.

Dated this _____ day of _____, 20____.

OWNER OR AGENT

(Signature)

(Print Name and Title)

Mail: City of Madison
Economic Development Division
Office of Real Estate Services
Attn: Jenny Frese
P. O. Box 2983
Madison, WI 53701-2983

Deliver: City of Madison
Economic Development Division
Office of Real Estate Services
Attn: Jenny Frese
215 Martin Luther King Jr., Blvd.
Madison, WI 53703

Email: jfrese@cityofmadison.com