

TOWN OF LOMIRA

Dodge County, Wisconsin

ROAD USE PERMIT

PERMIT INFORMATION

Permit Number: _____ Date Issued: _____
Permit Expiration: _____ Issued By: _____

OPERATOR INFORMATION

Legal Name of Operator: _____
Entity Type: (Individual / LLC / Corporation / Partnership / Other: _____)
Principal Address: _____
City / State / Zip: _____
Phone Number: _____ Email Address: _____
Contact Person / Agent: _____
WisDOT Carrier No. (if applicable): _____

APPROVED HAUL ROUTE

List each Town Road segment approved for use under this permit. Attach additional sheets as needed.

Town Road Name	Beginning Point	Ending Point	Distance (miles)

VEHICLE AND OPERATION INFORMATION

Vehicle / Equipment Type:	_____	Gross Vehicle Weight:	_____
Estimated Weekly Loaded Trips:	_____	Estimated Total Loaded Trips:	_____
Proposed Start Date:	_____	Proposed End Date:	_____

Nature of Hauling Activity: _____ (describe: e.g., construction materials, aggregate, grain, etc.)

WisDOT / Dodge County Permits: Operator must provide copies of all overweight or oversize permits from WisDOT or Dodge County to the Road Superintendent within 2 business days of receipt.

ROADS PLAN ATTACHMENT

⚠ REQUIRED: A fully executed Roads Plan must be attached to this permit before it is valid. The Roads Plan is a separate, signed agreement between the Operator and the Town that governs the specific conditions of road use, including pre- and post-use condition surveys, security requirements, damage repair obligations, insurance requirements, and indemnification. This permit does not authorize any road use until the Roads Plan has been executed and accepted by the Town.

Roads Plan Status:

- Executed Roads Plan is attached to and incorporated into this Permit.
- Roads Plan not yet executed — permit is NOT effective until Roads Plan is attached and accepted.

SECURITY AND INSURANCE VERIFICATION

Security Posted:

Total Miles of Town Road:	_____	Required Security Amount (\$25,000/mile):	_____
--------------------------------------	-------	--	-------

Form of Security:

- Performance Bond

- Irrevocable Letter of Credit
- Cash Escrow

**Security Provider /
Institution:** _____

Bond / Instrument No.: _____ **Amount:** _____

Inspection Fees Paid:

Number of Road Segments: _____ **Total Inspection Fee Paid (\$75 x _____ segments x 2):** _____

Insurance: *Operator must provide current certificates of insurance prior to permit issuance.*

- Certificate of Insurance on file with Town Clerk.
- Town of Lomira named as Additional Insured on a Primary and Non-Contributory basis.
- Waiver of Subrogation in favor of the Town included.
- 30-day cancellation notice to Town included.

PERMIT CONDITIONS

This permit is subject to the following conditions:

1. This permit is valid only for the haul route, vehicle types, and time period specified herein and in the attached Roads Plan.
2. Operations are subject to all applicable Wisconsin Statutes, Wisconsin Administrative Code provisions, WisDOT requirements, and all posted weight and bridge restrictions. All traffic control must conform to the Wisconsin Manual on Uniform Traffic Control Devices.
3. Operator is responsible for 100% of repair costs for any damage caused to Town Roads, including associated engineering and administrative expenses.
4. The Town may suspend or revoke this permit if the Operator fails to comply with the Ordinance, this permit, or the Roads Plan, or if continued operations pose a risk of significant road damage.
5. Spring thaw restrictions apply. The Town may suspend road use during spring thaw as conditions warrant, and such suspension does not constitute a breach of this permit.
6. Security must remain in effect until post-use inspection is complete and written release is provided by the Town. If repair costs exceed the security amount, Operator remains fully liable for the excess.
7. Operator must provide copies of all WisDOT and Dodge County overweight and oversize permits to the Road Superintendent within 2 business days of receipt.
8. Each one-way transit of a Town Road without a valid permit constitutes a separate violation subject to forfeiture of not less than \$50 and not more than \$500 plus costs of prosecution.
9. Additional conditions (if any): _____

OPERATOR ACKNOWLEDGMENT AND CERTIFICATION

By signing below, the Operator certifies that: (1) all information in this application is true and accurate; (2) the Operator has read, understands, and agrees to comply with the Town of Lomira Road Use Ordinance No. _____ and all conditions of this permit; (3) the Operator has executed and attached the required Roads Plan; (4) required security has been posted and required insurance is in force; and (5) the Operator accepts full financial responsibility for any damage caused to Town Roads as a result of operations under this permit.

Operator Signature / Authorized Representative

Date

**Printed Name and
Title:**

**Entity Name (if
applicable):**

TOWN ACCEPTANCE AND ISSUANCE

To be completed by the Town Clerk. This permit is not effective until signed by the Town Clerk and Roads Plan is attached.

The Town of Lomira hereby issues this Road Use Permit, subject to the conditions stated herein and in the attached Roads Plan, having verified:

- Complete application received, including all required attachments.
- Required security posted in acceptable form and amount.
- Required inspection fees paid.
- Certificates of insurance on file, naming Town as Additional Insured.
- Roads Plan executed and attached to this permit.

Town Clerk Signature

Date

Printed Name: _____

ATTACHMENT

- Executed Roads Plan (required — incorporated by reference as if fully set forth herein)