ROCK COUNTY HIGHWAY DEPARTMENT ATV/UTV ROUTE DESIGNATION APPLICATION FORM

Permit	Number:_	

Email application to: highway@co.rock.wi.us, or Mail to: 3715 Newville Road, Janesville, WI 53545

GENERAL INFORMATION	APPLICATION CHECKLIST		
Municipality: Address: Phone: Email: Date:	 □ Attach a map(s) of the requested route. Indicate trail ends and approved municipal routes to be connected. □ Attach a statement explaining why the CTH segment(s) should be designated as an ATV/UTV route. □ Attach a statement that the applicant will maintain the proposed ATV/UTV route. □ Attach a municipal resolution adopting the Rock County Ordinance. 		
	\$250 Application Permit Fee included.		
ROUTE INFORMATION County Highway: Route Length (miles): Starting Location (Intersecting Road): Ending Location (Intersecting Road):			
By: (Signature of Authorized Municipal Representative)			
(Signature of Authorized Municipal Representative)	(Title) (Date)		
(Printed Name of Authorized Municipal Representative)	(Phone Number of Authorized Municipal Representative)		
DO NOT WRITE BELOW THIS LINE			
ESTIMATED SIGNAGE PLAN & INSTALLATION COSTS	Note: Maintenance costs will be billed on an as needed basis. All work within County right-of-way to be done by the County.		
Labor: \$ Equipment:	\$ Materials: \$		
TOTAL (Estimated Route Cost to Applicant): \$ (Note: Estimate only, Actual costs will be billed.)			
HIGHWAY DEPARTMENT REVIEW Recommendation:	PUBLIC WORKS COMMITTEE DETERMINATION Approved Denied		
Ву:			
Date:	Date:		