



APPLICATION FOR PERMIT

ATV/UTV ROUTES

ON A

COUNTY TRUNK HIGHWAY

§59.02 and 23.33 (8)(b) and (11) Wis. Stats. and Wis. Admin. Code NR §64.12. and other applicable Wis. Stats. Code of Green Lake County Ch. 257

GREEN LAKE COUNTY
HIGHWAY COMMISSION

570 South Street
Green Lake, WI 54941
Phone: (920) 294-4060
Fax: (920) 294-4066

Email: glchwy@co.green-lake.wi.us

Permit No. _____

To be filled out by Applicant

Name: _____ Phone No.: _____ Date: _____

Present Mailing Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Request By: Individual Municipality Club Organization Other _____

Name of Organization: _____ Date Organization was established: _____

If part of an Organization, provide names, addresses, and phone numbers of officers on separate sheet. How many members are in the Organization? _____

Type of Request: Off Road Trail Route on CTH Highway Crossing Other

County Trunk Highway(s) Involved: _____ Township: _____

Length of Trail: _____ Miles

Starting at (be specific): _____

Ending at (be specific): _____

Are municipal roads part of the designated route? Yes No

Approval from municipal governing body by resolution? Yes No

- Provide the Following:
- Map of proposed ATV/UTV route.
 - Map of existing ATV/UTV trails that lead up to the proposed route.
 - If existing trails statement of permission from landowner to use trail.

Provide a Statement as to why the County Trunk Highway should be designated as an ATV/UTV route and efforts to establish off-road Alternatives: _____

IMPORTANT: Please attach statements from landowners denying access for off road trails if lack of access is a reason for requesting route designation.

Applicant sponsor will be financially responsible for payments for the installation and maintenance of the required ATV/UTV route signs required by applicable state statutes and administrative code and §257-9.

I the applicant do hereby certify that I have requested this ATV/UTV Routes permit and that I have read understand and agree to abide by the applicable provisions and restrictions which are shown on this permit. I will comply with all terms and conditions, which apply.

\$200.00 Permit Fee Paid: _____

By: _____
Applicant or Authorized Representative

_____ Date



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For Highway Department Use Only

Posted Speed Limit(s): _____

Traffic Volume (ADT): _____ Year: _____

PASER rating: _____ Year: _____

Pavement Width(s): _____

Vertical or horizontal alignment safety concerns? Yes No

Crossings free from obstructions? Yes No

Notification Letter to property owners along route sent? Yes No

Safety Disclaimer letter sent to applicant if approved? Yes No

Comments/restrictions to this application: _____

Highway Department:	Approve: _____	Disapprove: _____	
Sheriff's Department:	Approve: _____	Disapprove: _____	
Traffic Safety Commission	Approve: _____	Disapprove: _____	
Township of _____	Approve: _____	Disapprove: _____	
Green Lake County Highway Committee:	Approved: _____	Disapproved: _____	Date: _____

Provisions and Restrictions

1. The Highway Committee may temporarily modify or suspend any designation of an ATV/UTV route.
2. The Highway Commissioner may, without prior approval of the Highway Committee, modify or suspend any designation of an ATV/UTV route whenever emergency conditions require closure, up to 120 days.
3. The Green Lake County Sheriff may temporarily close any ATV/UTV route whenever emergency conditions require closure.
4. ATVs/UTVs may only be operated on an approved ATV/UTV route between 5:00 a.m. to midnight, year round (January 1 through December 31).
5. Applications for Permit will only be accepted for review during the month of November.
6. Permit shall expire upon disbanding of organization.