

ATV Route Designation Application for the Public Roadways

Application Fee: \$60.00

ALL APPLICATIONS	Municipality _____ Date of Application _____ Contact Name _____ Contact Phone _____ Street Address _____ City, State, Zip _____ Email Address _____
** NEW APPLICATIONS	1) Attach a map of the requested Route. Indicate the trail-ends and approved municipal routes to be connected. Additionally, highlight and list businesses that will be served. Attached? 2) Attach a list of all property owners on the proposed route and the notice mailed to them. 3) Indicate the date that the Town Meeting was held by the affected jurisdiction to discuss the route. 4) Attach the municipal ordinance authorizing the route.
	Route on _____ County Trunk _____ Length of Route _____ Miles Starting _____ GPS _____._____ Ending _____ GPS _____._____ Route _____ Justification _____ _____ _____
	Are there any restrictions recommended by the jurisdiction? (i.e., speed limit, hours of operations, open/close dates?) _____ _____ _____
ALL APPS	<div style="display: flex; justify-content: space-between;"> Applicant Signature (Municipality) _____ Date _____ </div>

FOR EAU CLAIRE HIGHWAY PERSONNEL USE ONLY

Comments/restrictions applying to this application: _____

SIGNAGE MUST MEET ALL APPLICABLE MUTCD STANDARDS; STATUTES 23.33 (8) (e) AND NR64.12 (7)

# of Signs Needed:	ATV Silhouette	Route Arrows	Start/End	
Purchase \$	Installation \$	Annual Mainten. \$	Total	

Reviewed with Applicant on _____

Highway/Street Dep't: Approved Disapproved By _____

Law Enforcement: Approved Disapproved By _____

Highway Committee: Approved Denied Date _____

Were there any incidents in the prior year? Yes No Count _____

Were there significant complaints? Yes No Count _____

Comments: _____

****NEW APPLICATIONS**

****All ordinances granting road routes must be on file with the DNR**