## **PROPOSED HIGHWAY IMPROVEMENT NOTICE**

DT1077 10/2005 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, this notice advises that the Wisconsin Department of Transportation is planning the improvement identified below.

| To<br>Lori Butry<br>Wisconsin Public Service Corporation-Gas/Petroleum<br>700 N Adams St<br>PO Box 19001<br>Green Bay WI 54307-9001  | From – Name, Address, City, State, ZIP Code<br>Becky Reese<br>Division of Transportation System Development<br>Northeast Region<br>944 Vanderperren Way<br>Green Bay WI 54304 |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Improvement Project ID<br>4430-19-71   | County<br>DOOR  |  |  |  |  |  |  |
| Highway Route Number or Name<br>STH 42   |   |  |  |  |  |  |  |
| Improvement Limits<br>STH 42, CITY OF STURGEON BAY/S JUNCTION STH 57-BAY VIEW BRIDGE   |   |  |  |  |  |  |  |
| General Description of Work to be Done<br>This is a resurface level improvement project entailing concrete repair and asphalt mill & overlay. Additional wo<br>may include culvert and storm sewer repairs/replacements, beam guard replacements, curb and gutter, and cur<br>ramp work. |   |  |  |  |  |  |  |
| Utility Coordination Desired Completion Date 2020  | Anticipated Year of Improvement Construction 2022   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Transportation Region Name<br>Northeast Region   | Becky Reese August 27, 2018   |  |  |  |  |  |  |
|  | (Region or Consultant Representative Signature) (Date)<br>(If Computer-filled, Brush Script Font)   |  |  |  |  |  |  |
|  | Utility Coordinator   |  |  |  |  |  |  |

(Title)

## NOTICE ACKNOWLEDGEMENT

## Return this form within 7 days of receipt to address shown above.

Receipt of the above notice is acknowledged.

|   | We have no      | utility   | facilities | in the | vicinity | of the i | mprovement. |
|---|-----------------|-----------|------------|--------|----------|----------|-------------|
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We have utility facilities in the improvement vicinity and will provide a description and general location within 60 days of the above notification date as required by s.84.063(2)(b) Wis. Stats.

We have utility facilities in the improvement vicinity; their description and general location are identified below. (Attach additional sheets if necessary.)

| Utility Name<br>Wisconsin Public Service Corporation |                                    |        |
|--|------------------------------------|--------|
| Utility Representative Name – Please Print           | (Utility Representative Signature) | (Date) |