

## PROJECT PLAN TRANSMITTAL

Wisconsin Department of Transportation

DT1078 4/2019 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, the Wisconsin Department of Transportation is furnishing the number of sets specified below of the available plan showing all existing utility facilities known to the department where they will conflict with the improvement identified below.

|                                                                                                                      |                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To<br>Jim Stawicki<br>Sturgeon Bay Utilities-Electricity<br>230 E Vine St<br>PO Box 27<br>Sturgeon Bay WI 54235-2039 | From – Name, Address, City, State, ZIP Code<br>Erik Gustafson<br>Division of Transportation System Development<br>Northeast Region<br>226 W. Wisconsin<br>Appleton WI 54911 |
| Improvement Project ID<br>4430-21-71                                                                                 | County<br>DOOR                                                                                                                                                              |
| Highway Route Number or Name<br>STH 42                                                                               |                                                                                                                                                                             |
| Improvement Limits<br>STURGEON BAY - EGG HARBOR/EGG HARBOR ROAD - MID JCT 42/57                                      |                                                                                                                                                                             |
| Number of Plan Set(s)<br>1                                                                                           | Anticipated Year of Improvement Construction<br>2023                                                                                                                        |
| Project Classification<br>Resurfacing (Overlay $\geq$ 2.5 Inches And $<$ 4 Inches)                                   | Work Plan Due Date<br>November 28, 2021                                                                                                                                     |

For the purposes of Trans. 220.05(4), this improvement is classified as indicated above. Your work plan is required at the above address on or before the due date indicated.

|                                                |                                                                                                 |
|------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Transportation Region Name<br>Northeast Region | <i>Erik Gustafson</i> September 29, 2021                                                        |
| Consultant Name                                | (Region or Consultant Representative Signature) (Date)<br>WisDOT Consultant Utility Coordinator |
|                                                | (Title)                                                                                         |

## PROJECT PLAN ACKNOWLEDGEMENT

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

Receipt of the above transmittal is acknowledged.

|                                            |                                           |
|--------------------------------------------|-------------------------------------------|
| Utility Name<br>Sturgeon Bay Utilities     |                                           |
| Utility Representative Name – Please Print | (Utility Representative Signature) (Date) |
|                                            | (Title)                                   |