

ATV Route Designation Application

for Chippewa County Highways

SECTION A: To Be Completed By Applicant

Page 1

GENERAL INFORMATION

Name:

Date:

I am representing (*choose one*):
Chippewa Valley ATV Council

City/Town/Village of:

Mailing Address:

City, State, Zip Code

Daytime Phone:

Email:

Sponsoring ATV Club Contact Information (*Required*)

Contact Name:

Daytime Phone:

Club Name:

Contact Email:

APPLICATION CHECKLIST

1) Attach a map of the requested route. Indicate trail-ends and approved municipal routes to be connected. Highlight and list businesses that will be served.

2) Attach a list of all property owners on the proposed routes and copy of the notice that was mailed to them.

3) Attach a map of all alternative routes that were pursued prior to requesting the proposed route.

4) Attach the local municipality's approved ordinance or resolution authorizing the proposed route.

5) Attach payment for non-refundable application fee of \$50 with check made payable to "Chippewa County Highway Department".

ROUTE INFORMATION

County Highway:

Route Length in Miles:

Starting Location:

Ending Location:

Route Justification:

HIGHWAY DEPARTMENT REVIEW OF PROPOSED ROUTE

Commercial Truck Traffic Volumes: _____

Frac Sand Haul Route 100 points
 Heavy 50 points
 Average or Below 0 points

Highway Functional Classification: _____

Arterial 100 points
 Major Collector 30 points
 Minor Collector or Less 0 points

Average Daily Traffic (ADT): _____

1500 or more 100 points
 1000 – 1499 30 points
 750 – 999 20 points
 500 – 749 10 points
 Less than 500 0 points

Length of Route: _____

2 miles or more 20 points
 1 to 1.99 miles 10 points
 less than 1 mile 0 points

Other Factors: _____

Greater than 5 miles to public trail 20 points

Total Deductions: _____

Note: Deductions equal to or greater than 100 points result in denial of application. Other factors may also result in denial

Approved Denied By: _____ Date: _____

Additional Comments / Justification for Denial / Recommended Conditions of Approval:

SHERIFF DEPARTMENT REVIEW OF PROPOSED ROUTE

Approved Denied By: _____ Date: _____

Additional Comments / Justification for Denial / Recommended Conditions of Approval:

ESTIMATED SIGNAGE & MAINTENANCE COSTS

* Estimated Route Costs to Applicant: _____

Reviewed with Applicant on: _____

Labor: _____
 Equip: _____
 Materials: _____

***Note: All work within County right-of-way
 to be done by County**