Date application submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of location work is to be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Type & Location of Work (In right-of-way, street, alleyway, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(see page 3 for additional space for description)*

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_requesting permission to work in public right-of-way, street or alleyway.

Property Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_

Office Ph#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important:**  At least 24-hours’ notice must be given to the DPW Superintendent before any public right-of-way, street and / or alleyway can be opened for the purpose of repair/laying a private sewer, drain or telecom, and such work may not proceed until approval of the Superintendent is obtained. All excavations for telecom or building sewer installation/repair shall be adequately guarded with barricades and lights so as to protect the public from hazard. Streets, sidewalks, parkways, alleyways and other public property disturbed in the course of the work shall be restored in a manner satisfactory to the city. All refilling of the excavation made for such connection shall be under the supervision of the city officials responsible for streets. Sewer, drain, or telecom work located in public right-of-way, street and/or alleyway must be inspected by the city before covering. Sewer or drain work performed on abutting private property requires a separate plumbing permit. *(for permit information contact City Office at 517-448-8983).*

Liability insurance policies are required to be filed in making application for permit, they shall be in not less than the following minimum amounts, except as otherwise specified.

(1) On account of injury to or death of any person in any one accident, $500,000.00;

(2) On account of any one accident resulting in injury to or death of more than one person, $1,000,000.00;

(3) On account of damage to property in any one accident, $50,000.00.

Where, in the opinion of the superintendent, a greater risk is involved, higher limits of coverage may be required. A certificate-duplicate executed copy or photo copy of the original of such insurance policy is required to be submitted with this application.

Name of Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date of Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You Must Call MISS DIG. Enter MISS DIG Ticket Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Ticket number given by MISS DIG at time of contact)

**APPLICANT INFORMATION**

Applicants Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of License:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMPORTANT NOTE: Work in State Trunklines (street / right-of-way) requires additional permit from Michigan Department of Transportation (MDOT).

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| If needed, use this area for descriptive drawing of work location. |

If needed , use this area for additional written description of type and location of work:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Information and check list below is to be filled out by City Staff only!  **Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Check List:**  \_\_\_\_\_\_\_ Address of abutting property and property owner information filled out.  \_\_\_\_\_\_\_ Description of work and location filled out.  \_\_\_\_\_\_\_ Contractor information filled out.  \_\_\_\_\_\_\_ Insurance information filled out and copy of certificate received.  \_\_\_\_\_\_\_ MISS DIG confirmation / ticket number.  \_\_\_\_\_\_\_ Applicant information filled out.  \_\_\_\_\_\_\_ Application signed by applicant. Yes or No MDOT Permit Required.  *(Circle One)*  \_\_\_\_\_\_\_\_Application Approved \_\_\_\_\_\_\_Application Denied  Application reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Area Below Is For City Staff Comments Only:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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