



Application for Utility or Right of Way Permit

Date: _____

Comcate # _____

Address: _____
(Where work will take place)

From: _____ to _____
(Street Numbers Affected)

Applicant Name: _____
(Please Print)

Phone: _____

Applicant Company Name: _____

Applicant Address: _____

Construction is to commence on: _____ and is to be completed by: _____
(Date) (Date)

Description of Work: _____

PERMIT DESIRED:

NON-UTILITY RIGHT OF WAY: Fee: \$100.00 ____

DRIVE APPROACH RESTORATION: Fee: \$100.00 ____ (Plus time and material will be billed to resident.)

STORM CONNECTION: Fee: N/C New ____ Repair ____ Size ____ Material _____

Right of Way - \$100.00 ____

SEWER CONNECTION: New ____ Repair ____ Size ____ Material _____

Fee: Behind Right of Way - \$100.00 ____ In Right of Way - \$200.00 ____

WATER SERVICE*: New ____ Repair ____ Replacement ____ Size* ____ Material* _____

***Water service size and material must be noted before permit will be issued.**

Fee: Behind Right of Way - \$100.00 ____ In Right of Way - \$200.00 ____

TOTAL FEE: \$ _____ Fees to be paid to the City of East Grand Rapids at the Department of Public Works Administration Office.

TRAFFIC IMPACTS: Major Streets Closing Required Detour Required Sidewalk Driveway

Close Traffic Lane Close Parking Lane

Approved: **Denied:**

EGR INSTRUCTIONS: _____

I hereby agree to obey all ordinances, rules, regulations of, and instructions given by, the City of East Grand Rapids applicable hereto. I agree to adhere to MIOSHA safety standards. NOTE: If East Grand Rapids staff witness any known violation, the job site will be shut down. I agree to schedule inspections at least 24 hours in advance at 940-4817 or 940-4870.

Signature of Applicant

Date

Approved By:

Date

City of East Grand Rapids
Department of Public Works – 750 Lakeside Drive, SE - East Grand Rapids, MI 49506
Phone: 616-940-4817 Fax: 616-831-6121