



Application for Utility or Right of Way Permit

Date: _____ Comcate # _____

Address: _____ From: _____ to _____
(Where work will take place) (Street Numbers Affected)

Applicant Name: _____ Phone: _____
(Please Print)

Applicant Company Name: _____

Applicant Address: _____

Applicant Email: _____

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 _____

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 DPW 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 940-4870. NO INSPECTIONS AFTER 3:00 PM

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**