

PERMIT #:

CITY OF HOWELL
Right of Way Permit Application

Application Date: _____

Issued Date: _____

Fee Amount: _____

Escrow/Bond Amount: _____

Construction Address/Site: _____

Start Date: _____

Anticipated Completion Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Cell: _____ Fax: _____

Email Address: _____

Contractor Name: _____

Address: _____

Phone Number: _____ Cell: _____ Fax: _____

Email Address: _____

Extent of the project: _____

INCLUDE DIMENSIONAL DRAWING/SKETCH OF WORK ITEM, DRIVEWAY, SIDEWALK, ETC.

I certify that I accept the following:

1. Commencement of work set forth in the permit application constitutes acceptance of the permit issued.
2. Failure to object within ten (10) days to the permit as issued constitutes acceptance of the permit as issued.
3. If this permit is accepted by either of the above methods, I will comply with the provisions of the permit.

Applicant/Authorized Agent Signature

Date

(If authorized agent, I hereby certify that I am acting as authorized agent on behalf of the named applicant.

Call the Department of Public Services at 517-546-7510 to schedule an inspection. DPW will require 48 hours notice to schedule.

PERMIT #:

FOR CITY USE ONLY – DO NOT WRITE BELOW

	SITE INSPECTION	DATE	INSPECTION BY
DPW			
BUILDING			

SURETY TYPE

EXEMPT REQUIRED
LIABILITY INSURANCE

REVIWED BY	INITIAL	DATE	ATTACHMENTS
ENGINEERING			
BUILDING			
DPW			
ATTORNEY			
MANAGER			
PLANNING			

APPROVED BY THE CITY OF HOWELL BY: DATE: WORK ACCEPTED BY:

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PERMIT #:

RIGHT-OF-WAY ESCROW

INSPECTIONS PERFORMED BY THE DPS- 48 HOUR NOTICE-517-546-7510

Signature: _____ Printed Name: _____

Do not write in this area – CITY USE ONLY

ESCROWS

	DPS Inspection	DPS-Release Funds
<input type="checkbox"/> Major Street - \$1000 (waived_____)	_____	_____
<input type="checkbox"/> Local Street - \$1000 (waived_____)	_____	_____
<input type="checkbox"/> Curb & Gutter - \$250 (waived_____)	_____	_____
<input type="checkbox"/> Sidewalk - \$250 (waived_____)	_____	_____
<input type="checkbox"/> Greenbelt Restoration - \$_____ (waived____)	_____	_____
<input type="checkbox"/> Other _____ \$_____	_____	_____
 TOTAL ESCROW - \$_____		
 <input type="checkbox"/> Inspection - \$25 (waived_____)		
Total: _____ Check# _____ Date: _____		

****New water service taps may require additional fees/escrows, service taps not performed by the City of Howell DPS will need to be performed by an authorized contractor.

PERMIT #:

RELEASE OF LIABILITY

The City of Howell shall not be responsible for any damage to, future removal, or replacement of _____ (item) installed within the street right of way located at _____ (address)

By: _____
(Contractor name and address)

(Contractor Signature) (Date)

Owner: _____
(Print Name)

(Owner Signature) (Date)