

**BOARD OF COUNTY ROAD COMMISSIONERS  
of MONTMORENCY COUNTY, MICHIGAN**

11445 M-32, ATLANTA, MICHIGAN 49709  
(989) 785-3334 • FAX (989) 785-2218

Permit Number

**Nº** \_\_\_\_\_

Issuance Date \_\_\_\_\_

**APPLICATION AND PERMIT**

to construct, operate, maintain, use and/or remove  
within a county road right-of-way

If applicant hires a contractor to perform the work, BOTH must complete this form and BOTH assume responsibility for the provisions of this Application and Permit.

APPLICANT	CONTRACTOR
NAME: _____	NAME: _____
MAILING ADDRESS: _____	MAILING ADDRESS: _____
TELEPHONE NO. _____	TELEPHONE NO. _____

Applicant's Signature _____	Contractor's Signature _____
Title _____ Date: _____	Title _____ Date: _____

FINANCIAL REQUIREMENTS	
Application Fee	\$ _____
Permit Fee	\$ _____
Est. Inspect. Fee	\$ _____
Bond	\$ _____
Deposit	\$ _____
Other	\$ _____
To Be Billed	\$ _____
Receipt Number	_____
Dated	_____

ATTACHMENTS REQUIRED	
Plans and Specs.	_____
Bond	_____
Proof of Insurance	
Yes _____	No _____
P.I. \$ _____	P.D. \$ _____
Other	_____

**APPLICATION**

Applicant and/or Contractor request a Permit for the purpose indicated in the attached plans and specifications at the following location:

CITY \_\_\_\_\_ /or TOWNSHIP \_\_\_\_\_ SECTION \_\_\_\_\_

NAME OF ROAD \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_

for a period beginning \_\_\_\_\_ and ending \_\_\_\_\_

and agrees to the terms of the permit.

**PERMIT**

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed to by the Permit Holder. *When Applicant hires a Contractor the "Permit Holder" is the Applicant and the Contractor.*

RECOMMENDED FOR ISSUANCE:

BOARD OF COUNTY ROAD COMMISSIONERS  
MONTMORENCY COUNTY, MICHIGAN

\_\_\_\_\_  
Superintendent

By: \_\_\_\_\_

\_\_\_\_\_  
Manager

Date: \_\_\_\_\_

Date: \_\_\_\_\_